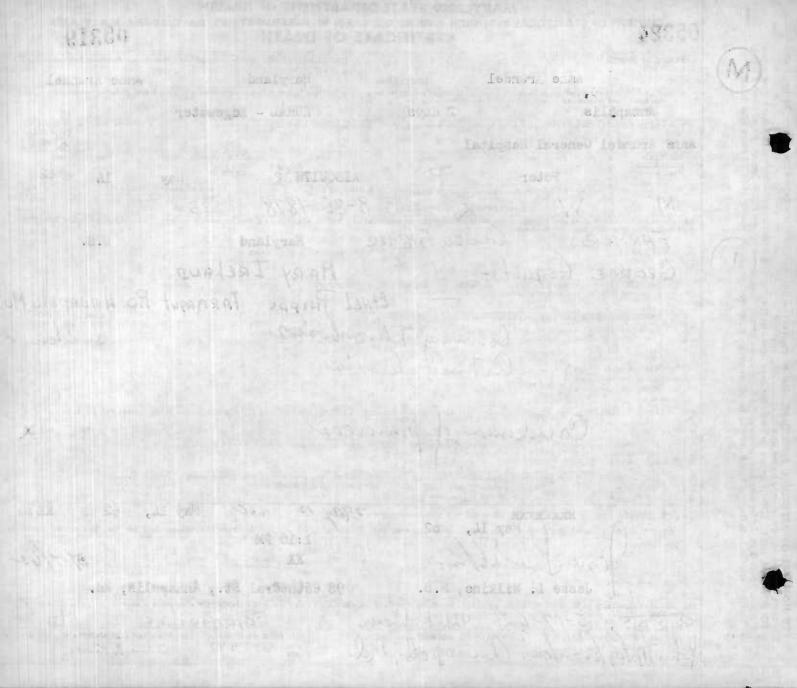
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY e. STATE b. COUNTY the T MARYLAND Anne Arundel Anne Arunde b. CITY OR TOWN (if outside corporate limits, pue c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give Merest town) <u>ک</u> write RURAL end give nearest town) Annapolis .⊆ Annapalis Pages 8 hours aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 118 Sunset Drive Anne Arundel General Hospital completely papers. 3. NAME OF 4. DATE Dey Middle Last Month Year DECEASED OF (Type or print) DEATH 19 62 Elizabeth ABBOTT within May carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months Davs Hours Female White WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, eyen if retired Maryland U.S. 13. FATHER'S NAME 14. MOTNER'S MAIDEN NAME please 2 affending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkow) | (Ifyesgivewerordatesofservice) remova ig physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO attending Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO XX 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, (Stete) 20d. INJURY OCCURRED 2Df. (City or town) (County) Month, Dey, Yeer fectory, street, office bldg., etc.] While Not While Hour e.m. et work et work p.m. ,-10 May 31 ...., 19.62 that (1) XXXX last 21. I certify that (I) MAGNOCION attended the deceased from..... DIRECT saw the deceased alive on..... 5:30 PM 22e. SIGNATURE SIGNED ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CHU A FUNE ector, filed CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION. MOVAL (Specify 0 25a, REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE MUNERAL DIRECTOR'S SIGN VR A15 (4) 15M 7/61 arthur & Krons

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1		DIVISION OF STATISTICAL	MARYLAND STATE DE	PARTMENT OF	HEALTH	DE A A BOYLAND
		05323	CERTIFICATI	E OF DEATH	STREET, BALTIMOI	05318
Should M		PLACE OF DEATH		2. USUAL RESIDENC	E (Where decessed lived, If i	nstitution: Residence before edmission)
eath.		b. CITY OR TOWN (if outside corporete limits, write RURA), and give nearest town)	maryland , c. Length of Stay in 16	c. CITY OR TOWN III	outside corporete limits, write	RURAL and give neerest town)
atter A		d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital give street address)	X Pasado	enal	e. IS RESIDENCE
		302 E. Pasadena F	Road	302 E.Pa.	sadena Rd.	ON A FARM?
T		NAME OF DECEASED (Type or print)	Middle	Acree.	4. DATE Month OF DEATH MAU	Dey Yeer 18 1962
٥	5.	SEX 6. COLOR OR RAGE	. MARKIED LINEYER MARKIED	DATE OF BIRTH	9. AGE (In yeers lest birthdey)	
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		Thornton Lo	ngest	Georgia	B	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE s, no, or unkown) (Ifyesgivewerordelesofser	(ce) 16. SOCIAL SECURITY NO. 17. 1	s-Samh Len	Address So	me As #2
		18. CAUSE OF DEATH [Enter only one of	ceuse per line for (e), (b), end (c).]	ACCUIADAC	CIDENT	INTERVAL BETWEEN ONSET AND DEATH
		331X DUE TO	CLACE TAIL A.	13COLANTIC	C Den.	7 V 00
		Conditions, if eny, which geve rise to immediate cause DUE TO	CEREBRAL A	THEROSCIO	-ROSIS	21115-
λ	_	couse lest. (c)_	ONS CONTRIBUTING TO DEATH BUT NO	AT BELLATED TO THE TERMIN	AL DISEASE COMPITION CIV	FALIN BART 1/-U 18 WAS AUTORSY
U	CATION	PARTIL OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	TREETED TO THE TERMINA	AL DISEASE CONDITION GIV	PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Po	ert I or Pert II of Item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19	20d. INJURY OCCURRED 20e. PLA While Not While fect et work et work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or lown)	(County) (Slete)
		21. I certify that (I) (this hospital saw the deceased alive on				, 19 (ve) las
		22e. SIGNATURE	P	ATTENDINGM	ÉD. STAFF	22b. DATE SIGNET
		22c. PHYSICIAN'S NAME (Type) LGON C.	PERDY M.D.	DI PHYS. LI DII 22d. ADDRESS 2	RECTOR PHYS. D	MD, 5-18-6
		grilla)	1962 Clen Haven		Glen Burn	vn or county) (Stete) 1
R.	24	FUNERAL DIRECTOR'S SIGNATURE	6/en Butnie	DATMAY	D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE
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x1,500 House Mark Cont J Car Horney the second the sentent hears with Care a River Walter and Co. L. Levil Co. at my new then the miles I have the second Spen Breeze M. wine

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
	a. county  Anne Arundel Maryla	and b. county Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
2	Annapolis 2 days	RURAL - Edgewater
2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Anne Arundel General Hospital	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECRASED	Last 4. DATE Month Dey Yeer
ı	(Type or print) Peter	AISQUITH SR DEATH May 14 19 62
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
ı	WIDOWED X DIVORCED	8-30-1878 last birthday) Months Deys Hours Min.
Ì	10a. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR IN	NOUSTRY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
	done duging most of working life, even if retired)  TOBACCO FARM	HER Maryland U.S.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	GEORGE HSQUITH	MARY IRELAND
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	
ì	(Yes, no, or unkown) (If yes give wer or dates of service)	EtHEL PHIPPS FARMAGUT RO. HNUMPOLIS
ì	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	42011 PUETO	n i
	Conditions, if eny, which \ (b) (in the sole	e one
1	geve rise to immediate cause	
1	(a), stating the undarlying cause lest.	
ı	(c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY
I		PERFORMED? YES \( \square\) NO (\)
ı		CCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE TOWNINJURY OF OR CONTRIBUTING CAUSE OF DEATH OF THERE, NOTIFY MEDICAL EXAMINER)	
I		Os. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
ı	Hour e.m. While Not While	factory, street, office bldg., etc.)
		-Wa 12 - 18 Mar 21 - 162 - 10 VV
		from May 12, 19 60 to May 14, , 1962, that (1) (XX) las
		d that death occured atM, from the causes and on the date stated above
	22e. SIGNATURE	ATTENDING MED. STAFF
		M.D. PHYS. XX DIRECTOR PHYS
	ene J. Williams	M.D.
	22c. PHYSICIAN; COL J. Wilfins NAME (1979) TO TO THE	22d. ADDRESS
	Jesse L. Wilkins, M.D.	22d. ADDRESS  98 Cathedral St., Annapolis, Md.
	Jesse L. Wilkins, M.D.	22d. ADDRESS  98 Cathedral St., Annapolis, Md.  ETERY OR CREMATORY  23d. LOCATION (City, town or county)  (Stete)
	Jesse L. Wilkins, M.D.  23s. BURIAL, CREMATION. 23b. DATE THEREOF BURIAL STACKS  5-17-62  ALL HALL  BURIAL	22d. ADDRESS  98 Cathedral St., Annapolis, Md.  ETERY OR CREMATORY  23d. LOCATION (City, fown or county)  PIRDSUILLE  MD.
	Jesse L. Wilkins, M.D.	22d. ADDRESS  98 Cathedral St., Annapolis, Md.  ETERY OR CREMATORY  23d. LOCATION (City, town or county)  (Stete)



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10	TO FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation or removal and in any asset to the state Dept. of Health prior to burial, cremation or removal and in any asset to the state Dept.	0
15	M 7/61	1

	MARYLAND STATE DEPARTMENT OF HEAL	
539 VISION OF	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET  CERTIFICATE OF DEATH	F, BALTIMORE 1, MARYLAND
0020	CERTIFICATE OF DEATH	1103611

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	PLACE OF DEATH					2. USUAL RESIDEN	ICE (Where			sidence be	fore edmis	iion)
	Anne	Arundel		MARYL	AND	a. STATE Maryla	nd	b. COU	HII	- F	level 1	-1
		outside corporate limit	5.	c. LENGTH OF STAY		c. CITY OR TOWN		proprete limits, writ			st lown)	-
10		give nearest town)				12						
		zoulle		Lifetime		A Baltir	ore.	26, Md.				
	d. NAME OF HOSPIT	AL OR INSTITUTION (II	not in he	ospitel, give streat addres	is)	d. STREET ADDRESS				0.	ON A FA	
	Vnallmaad	Manon Mil	7			200 0000	- Free Fr	Danah Da		Y	ES NO	
3.	NAME OF	Manor, Mil	Ters	Widdle Middle		209 Green	4. DATI	Mont	th .	Day	Yaar	TAT.
	DECEASED	,,,,,		Middle		LON	OF			Day	1001	
	(Type or print)	WILLIAM M.	_ALB	IKER			DEAT	rH Ma	av	30	1962	
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years			JNDER 24 H	
	16-7-		WIDOW			Dec. 2, 1890	)	last birthday)	Months D	ays Ho	ours M	in.
1-Oa	Male USUAL OCCUPATI	ON (Giva kind of work		KIND OF BUSINESS OR I					1 12 CITIZ	EN OF W	HAT COUN	ITDV2
do	ne during most of wor	king life, evan if retired	1)		INDUSTR	II. BIKITIFEACE (COUR	my or state,	or loraign country	12. 01112		1101	INII
	Conduc	tor		Railroad		Baltimore	e, Md.		U.	S.	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	George	a Albiker			7.3	Unkno	nwc					
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16	SOCIAL SECURITY NO	. 17. I	NFORMANT		Addras	s Bal	to.	26, M	a.
(10	No.	yesgive war or dates of se NO	rvice)	705-05-6070	Mr	s. Juanita W	Valker	. 209 Gr				
	18. CAUSE OF D	EATH [Enter only one	cause per	line for (a), (b), end (c).		1				INTÉRVA	AL BETWEEN	N
		WAS CAUSED BY:		B 1	10.0	The State of the S					AND DEAT	
	4914	MMEDIATE CAUSE (e)_		1 mmeno	Ine	Umaniel				00	cays	•
	7//	DUE TO									1	
	Conditions, if any	which \ (b)										
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	(a), stating the un	derlying DUE TO										
	cause last.	) (c)_										-
CATION	PART II, OTHER	SIGNIFICANT CONDIT	IONS CO			T RELATED TO THE TERMI			VEN IN PART 1		PERFORME	
TY.	Cer	reverse de	ease	cline	i le	revelilis and	enthy	elma		YES	□ NO	
	20a. ACCIDENT WA	S UNDERTYING	20b. DE	SCRIBE HOW INJURY O	CCURED.	(Enter nature of injury in	Pert or Par	t II of item 18.)				
CERTIFI	OR CONTRIBUTING	MEDICAL EXAMINER)										
7												
Ş.	20c. TIME OF INJUR	RY Month, Day, Yea	1			CE OF INJURY (Home, ferrory, street, office bldg., etc.		City or town)	(Count	ly)	(State	)
WED	Hour e.m.	19	Whi at wo	le Not While	1001	1						
			1)		,	5/25	10.62	. 5/3	0 106	7	(1) ( )	1 .
	21. I certify in	nat (I) (this hospita	allei	nded the deceased	from	12:0	2	0	, 199.	. <del>s</del> , that	(I) (we)	last
	saw the decease	ed alive on	129	19. <b>.0</b> ., an	d that	death occured at		om the causes	and on th	e date	stated ab	OVO.
	22a. SIGNATURE	4 0 4	1			ATTENDING	MED	CTAFF			22b. DA	
	4	ered Che	-l		м.	Bross FEW	MED. DIRECTOR	STAFF PHYS.			310	SNED
	22c. PHYSICIAN'S	1000				22d. ADDRESS						
	NAME (Type)	60000	0 0	waelt.		1216	ATITA	MAR	()	Anini	MULI	2
										11010		$\stackrel{\sim}{=}$
234	REMOVAL (Specify)	ON, 23b. DATE THER		23c. NAME OF CEA				CATION (City, to			(State)	
	Burial	June 2,	196	2 Cedar Hi	11 C	emetery	Rit	chie Hwy	, A. A.	. Co.	Md.	
24	FUNERAL DIRECTOR			ADDRESS			C'D BY REG	ISTRAR 25b. RE	GISTRAR'S SI	GNATURE	N.F.	
,	PIVAIN & PI	EMING INC	31	22 Timbt C4		Palto 30 DATE	men A	100		1.		
_	CTIME OF FL	EMILING, TIVO	• 14	KE LIGHT ST	ا وها	Balto 30 DATE	UN 7	202	withing &	Kenny		

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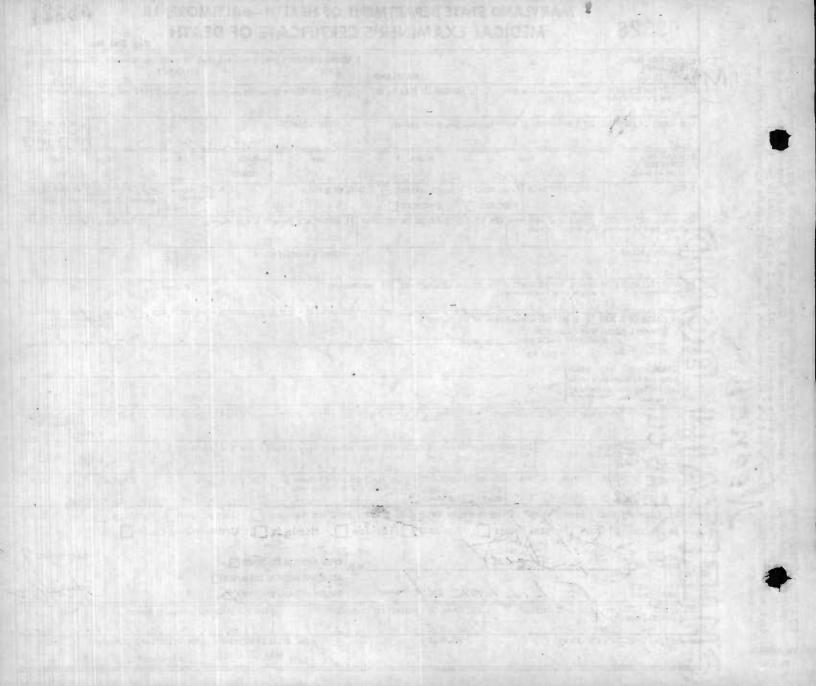
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(State)

IF UNDER 24 HRS.

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ours after he funera 2 should h.	M)	1. PLACE OF DEATH a. COUNTY Anne Arundel  2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) b. COUNTY Anne Arundel  MARYLAND  2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) b. COUNTY Anne Arundel
in by the stand stand ter deat	, 0	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Annapolis  c. LENGTH OF STAY IN 1b  RURAL — Edgewater
thir filled Page	65	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Anne Arundel General Hospital    d. STREET ADDRESS
mpletely papers.		3. NAME OF DECEASED (Type or print) Cecil Middle Last 4. DATE Month Dey Yeer OF DEATH May 27 1962
and cor carbon (t, within		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Is shirthday)  White WIDOWED DIVORCED Oct. 11. 1911 50rs.
ysician emove ty	T	10e. USUAL OCCUPATION (Give kind of work doing during most of Orking life, even if retired)  Jakie Namer  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or loreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.
ding pholease r	M	13. FATHER'S NAME 1. aylor Besse Whishell
the after The proval, a		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, hg, or unkown) (Ifyes give were redetes of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Mary E. Address  2
vires the sician. It is by the permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cerum Mmenhayl, A. Almply 10  3 days.
law req ding phy en signe ul-transit		33/X Conditions, if any, which gove rise to immediate cause  (b) Ghurnl 4 Curban artino churais  ?
r atten has be e buria		(a), stating the underlying cause lest.  (c)
spital o tificate se as th or to bu	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO
PHYS the ho this cer d for us		20. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MDING ined by After detached. of Hea		20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.)  While Not While at work at work at work
ATTED De reta CTO Ild be		21. I certify that (I) (MXXIXIXIX) attended the deceased from 5. 24. 1962 to May 27., 19.62 that (I) (WX) asy saw the deceased alive on May 26. 1962, and that death occurred at
L OR 4 may L DIRE 3 3 shot the Stal		216. SOMURE  216. SOMURE  ATTENDING  ATTENDING  AND  ATTENDING  PHYS.  ATTENDING  ATTENDING  PHYS.  ATTENDING  ATTENDING  PHYS.  ATTENDING
SPATA INLAA or, pag od with	1	22c. PHYSICIAN'S NAME (Type) Maurice Klawans  22d. ADDRESS 31 Southgate A.c., Annapolis, Md.
TO FU direct	R	Bureal 5-29-62 Redox Hele Westington 23d. Location (City, town or county)
VR A15 (4) 15M 7/61	15	24 FUNERAL DIRECTOR'S SIGNATURE LES CAMPAGES MR. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAY 29'62 Living 8. Theres

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaased livad, If institution: Rasidance bafore admission) a. COUNTY b. COUNTY by the and 2 death. ANNE ARUNDEL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporala limits, write RURAL and give neares) lown) write RURAL and giva naarast town) LAUREL. MD vears WASHINGTON . D.C. a. IS RESIDENCE d. STREET ADDRESS d. MANS TO HOSPITATION A MINISTRATION OF THE INVESTIGATION GENERAL PROPERTY OF STREET ADDRESS ON A FARMZ 1318 HOLBROOK ST. N.E. CHILDREN'S CENTER, LAUREL, MD. YES NO A 3. NAME OF Month Day Middle 4. DATE DECEASED (Type or print) LAWRENCE LEE DEATH RAT.T. MAY 16 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) pue Months Days Hours Mala WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Giva kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, even if retirad) INSTITUTIONALIZED WASHINGTON D.C. TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 THEODORE ALBERT BALL JUNE REBECCA SHARP 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unkown) (Ifyasgivawarordatasofsarvice) CHILDREN'S CENTER, LAUREL, MD. 1B. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Aspiration - pneumonia davs IMMEDIATE CAUSE (a) DUE TO Mental retardation - merebral agenesis Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying Convulsive disorder causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) Month, Day, Yaar factory, streat, office bldg., atc.) Whila Not While Hour a.m. at work at work 22a. SIGNATURE ATTENDING DIRECTOR PHYS. page 22d. ADDRESS 22c. PHYSICIAN'S Boyland CHILDREN'S CENTER, LAUREL, MD. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) 2 2 '62 arthur & Kraus 15M 9/60

AND ASSISTED C. LINDAL CHILDREN CARRY, LAST, NO. ALES TENNIA TOPOGRAP deres E. Horland, M.H. H

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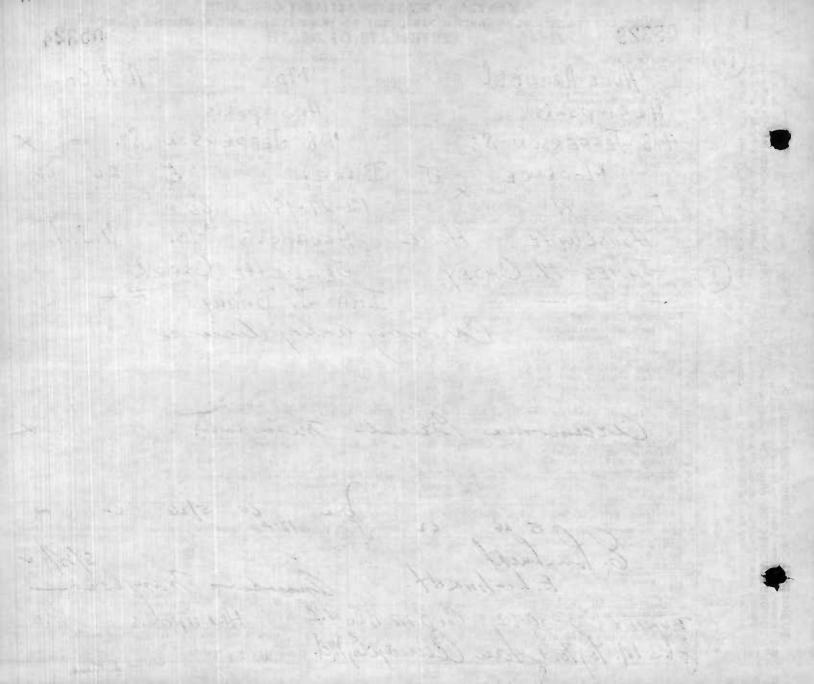
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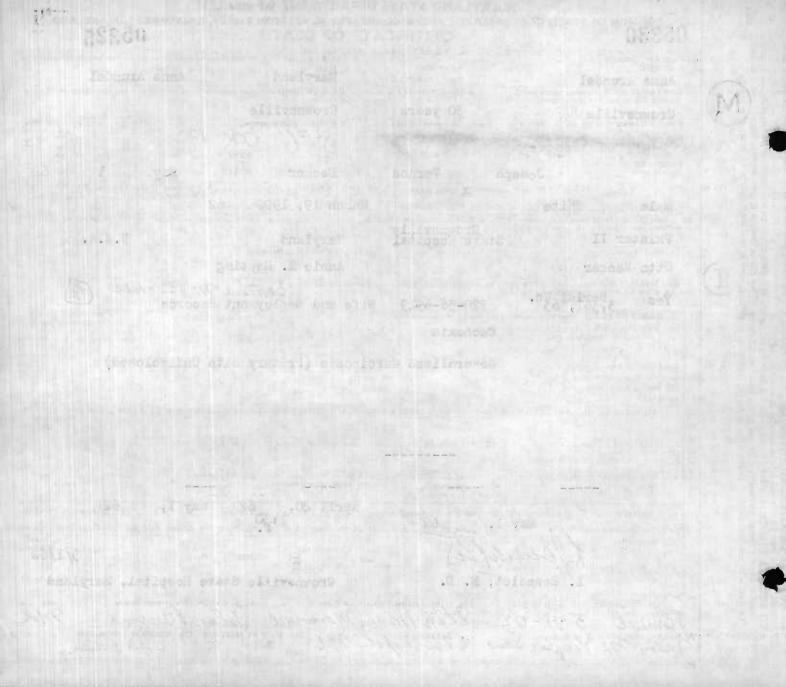
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THE SECTION OF STREET, SEC.

1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE  CERTIFICATE OF DEATH	1, MARYLAND 05324
2 should h.	1.	1. PLACE OF DEATH  • COUNTY  ANNE ARUNDEL  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution of STATE MD.  b. COUNTY	A. A. Co
y filled in by the 1s. Pages 1 and 2s. Pours after death.		b. CITY OR TOWN (if outside corporate limits, write RU MAN A POLIS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  4/8 JEFFERSON St.  c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RU  10 AND A POLIS  1 d. STREET ADDRESS  4/8 JEFFERSON St.	RAL end give nearest lown)  On A FARM?  YES NO
and completely carbon papers. nt, within 72 ho	5.	WIDOWED DIVORCED 12-27-1401 60 yrs.	Dey Yeer  2 6 19 6 2  UNDER 1 YEAR IF UNDER 24 HRS. Deys Hours Min.
nding physician please remove and in any eve	13	done during most of working life, even if selired) HOME ANNADOLIS MD.  13. FATHER'S NAME  TAMES M. CASEY  JEANETEE CLARK	12. CITIZEN OF WHAT COUNTRY
by the atten permit. Then or removal, a	11:00	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yas, no, or unknown) (Ifyas give wer or delas of service)  18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  Address  TRA  J. BARRY  Address  Address  Address	INTERVAL BETWEEN ONSET AND DEATH
has been signed to burial-transit purial, cremation,		Conditions, if eny, which gave rise to immediate cause (e), stating the underlying causa lest.  DUE TO  (b)  DUE TO  (c)	
this certificated for use as the lith prior to be	CERTIFICATION		PERFORMEDY YES NO'D
TOR: Affer be detache Dept. of Hea	MEDICAL	21. I certify that (I) (this hospital) attended the deceased from 120, to 5/26	
AND DIRECTOR State vith the State		saw the deceased alive on	d on the date stated above
TO FUNE director, p be filed w	2:	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town) REMOVAL (Specify) 5-30-62 CEDAR Bhy 47 HNUAPOLI	or county) (Steta)  KAR'S SIGNATURE
M 9/60	10	John M. Toy for + Sais Climaple, Mol. DATE MAY 2 9 '62 and	huy S. Krace

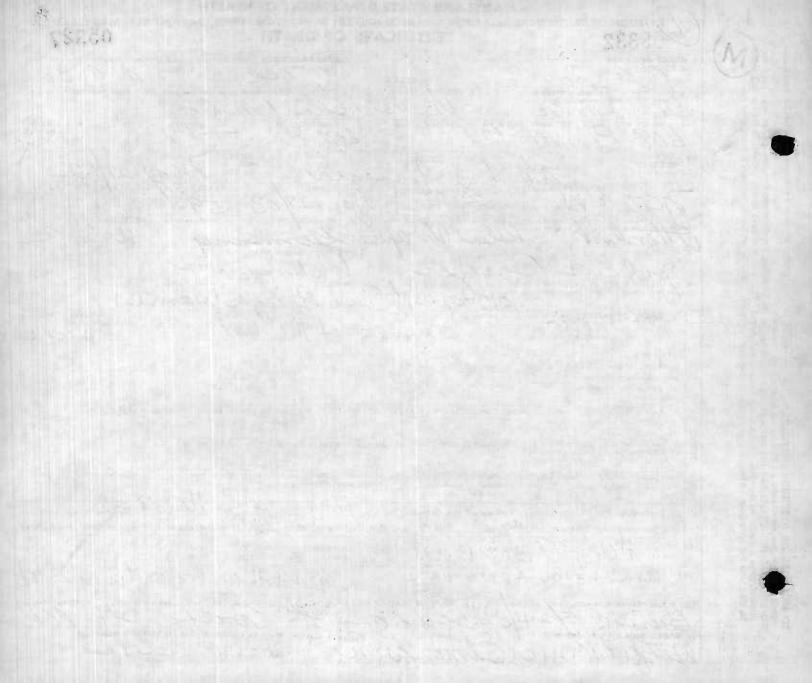




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		W. C. C.	
	S. S. Y. Date B.		
		No. 1 No. of Cont.	

N.	1	1	MARYLAND STATE DEPARTMENT OF I	<b>HEALTH</b> STREET, BALTIMORE 1. M	ARYLAND
The state of the s	(1)	C	05332 CERTIFICATE OF DEATH		05327
funera	M	1.	PLACE OF DEATH a. COUNTY  o. STATE  h. ()	/here deceased lived, If institution: Res	1
the the	- man	_	4.4.60. MARYLAND	a.	4.00
24 h		-	write RURAL and give neerest town)	ide corporata limits, write RURAL and g	give nearest town)
thin led i	S S S S S S S S S S S S S S S S S S S	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)    d. STREET ADDRESS	100	e. IS RESIDENCE
ithi ly fille	Pours		608 Everett 122 608 Ever	rett-ICL	YES NO NO
execute	- 5	3.	DECEASED	DEATH Month DEATH	Day Year \ 1/6210
0 04		5	SEX 6. COLOR OR MACE 7. MARRIED NEVER MARRIED   8. BATE OF BIRTH	9. AGE (In years AF UNDER 1 YI	FAR IF UNDER 24 HRS.
ate be	ent,	100	WIDOWED DIVORCED HAVE A DIVORCED WIDOWED STREET II. BIRTHPLACE (County & S	59 yrs.	EN OF WHAT COUNTRY?
rtifica	6 A		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & S	state, or foreign country) 12. CITIZ	S a
th ce		43	FATHER'S NAME	any v	
deat	pue		Julius Brieger Unkni	www	
the atter	val, a		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
that n. the	ещо	-	18. CAUSE OF DEATH  Enter only one cause per line for (b), (b), end (c).]	er pame	INTERVAL BÉTWEEN
sicia d by	or r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CAMCER Of the L	iver	ONSET AND DEATH
requ phy igne	rion,		156. Due to		
ding ding	ema		Conditions, if eny, which (b)		
The attents be	al, cr		gave rise to immediate cause (a), stating the underlying  DUE TO		
or or or or or or or	buris	7	Cause last. (c)	ISEASE CONDITION GIVEN IN PART 1	(e): 19. WAS AUTOPSY
CIA	8 o o	GENTIFICATION	PART II. OTHER SIGNIFICANT COMMINIONS CONTRIBUTED TO THE FERMINION OF		PERFORMED?
hos cerl	prio prio	TIFK	20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I	or Pert II of item 18.)	
P. P	alth balth		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
Afte	of He	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.	Of. (City or town) (Count	(State)
Stain OR:	apt.	WE	p.m. 19 at work at work	1 . May 21 106	7 (1-1 (1) (110) 101
ATT	e Dia		21. I certify that (I) (this hospital) attended the deceased from	-14di	that (I) (we) last e date stated above.
OR OR	Short Sta		220. SIGNATURE	STAFF	22b. DATE SIGNED
AL SEL	h the		M.D. PHYS. DIRECT		22 - 1
JAS TINES	or, pag		22c. PHYSICIAN'S HEHRY ARIVANAS 1934 WILK	Clus Hre Balton	une 23, Mf
o HC death	direct be file	23.	BEMOVAL (Specify) 5/24/52 NAME OF CEMETERY OR CREMATORY 236	d. LOCATION (City, town or county)	9. The
VR A15	1 10 2 10	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25a. REC'D BY		
15M 7	181	1	Ditale No. 4101 Camonason DATE MAY 2	23 '62 arthur 8. 1	thous

ithin 24 hours after



05220

05333		- 1	CERTIFIC	ATE OF DEATH	H		Reg. Dist. N	lo.	140
1. PLACE OF DEATH o. COUNTY	nne Arunde	1	MARYLAND	2. USUAL RESIDENCE (W	here deceased	lived. If institutio b. COUNTY	n: Residence be Anne A		
b. CITY OR TOWN (I RURAL and give ne Anna politis	Foutside carporate lim arest tawn)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If of Anna)		ate limits, write RU	JRAL and give r	nearest town	1)
OR INSTITUTION	AL (If not in hospitol, o	give street o	address)	d. STREET ADDRESS 31 Parole	e Stree	et			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	MARY		NN BROWN	Last	4. DATE OF DEATH	May	h 27	,	Year 62
s. sex Female	6. COLOR OR RACE Negro	WIDOWE		B. DATE OF BIRTH Aug. 24-187	4	last bisthday) yrs.	Months Days		R 24 HRS. Min.
100. USUAL OCCUPATION during most of work DOMES TIC	N (Give kind af wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole A .A .Co . 1			12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME Nathan War	ren			Louise Brow		Z			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of			INFORMANT ouvenia Embry	-42 Par	role St.		ld.	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (components)  DUE TO  Try, which (both components)	, ei	ie far (a), (b), and (c).]	ocolor a	eur	dont	Öı	ITERVAL BE	DEATH
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(0)	19. WAS A	RMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port 1 or Port	II of item 1B.)			
20c. TIME OF INJURY Hour a. n. p. m.	Month, Day, Ye	While		LACE OF INJURY (Home, farm actory, street, office bldg., etc		or town)	(Count	у)	(Stote)
21. I certify the alive on	at I attended the	decease 12		M.O. 6 L CT	ADDRESS (Sir	the causes ar	Total X	late state	ed above ATE SIGNE LG-C
(Aba)	T.Allen					al Street		olis,	Md.
220. BURIAL, CREMATION REMOVAL (Specify) BURIAT.	May 30-6		Fowlers	DR CREMATORY		ON (City, town, or olis, Ma)		(State	e)

TO HOSPITAL

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

23. FUNERAL DIRECTOR'S SIGNATURE

Fowlers ADDRESS Annapolis, Maryland

24a. REC'D BY REGISTRAR DATE JUN 4 '62

Annapolis, Maryland
By REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kinns

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No.

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	COI			EAT	H N
b.	CITY	YC	R 1	row	N

2 HIGHAL DECIDENCE (Where deceased lived. If institution: Residence before

o. COUNTY ANNE ARUNDEL	MARYLAND	o. STATE MAF	RYLAND	b. COUNTY AN	NE ARU	NDEL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Severn	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		limits, write RURAL o	and give near	est town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Kimbrough Army Hoppital F		d. STREET ADDRESS Jacksong			•	IS RESIDENCE ON A FARM? YES NO (2)
3. NAME OF First DECEASED (Type or print) William S	. Carter	Last	4. DATE OF DEATH	Month Way	26	Yeor 19 62
5. SEX 6. COLOR OR RACE 7. MARK		Suly 19	1900 9.1	GE (In years IFUN materials in the second materials in	-	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  Retired M. Sat.	N/A US Am	y Ruffe	i Buth	Carolin	USA	WHAT COUNTRY
13. FATHBA'S NAME Hornes Hornes	Carter 6	14. MOTHER AMAIDEN	Price	Chand	ller	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.  If set, of or unknown   Iff yest give year or dates of service)   16.  Yes   4/, 4/9. F/3/157	71	WM Wm	S. Carl	w Len	em,	mod
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: Art	ne for (o). (b). ond (c).] eriosclerotic	Cardiovasœul	lar Diseas	se		T AND DEATH
Conditions, if ony, which)						
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (b)  DUE TO						
PART II. OTHER SIGNIFICANT CONDITIONS OF Chronic Pulmonar			RMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o) 19	. WAS AUTOPSY PERFORMED?

20d. INJURY OCCURRED

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town)

(County)

1962, that I last saw the deceased

21. I certify that I attended the deceased fram alive on\_

20c. TIME OF INJURY

Hour o. m.

p. m.

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Doy, Yeor While of work 19

22b. DATE THEREOF

Not while of work

26 May

and that death accurred at 3: 15 pm, from the causes and an the date stated above.

(Stote)

ACTUAL

PHYSICIAN'S NAME (Type)

220 NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Ft Meade.

(Stote)

FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION,

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN

TO FUNERAL VS A15 (4) 15M 9/58

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be filed

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the ottending physicion and completely filled in

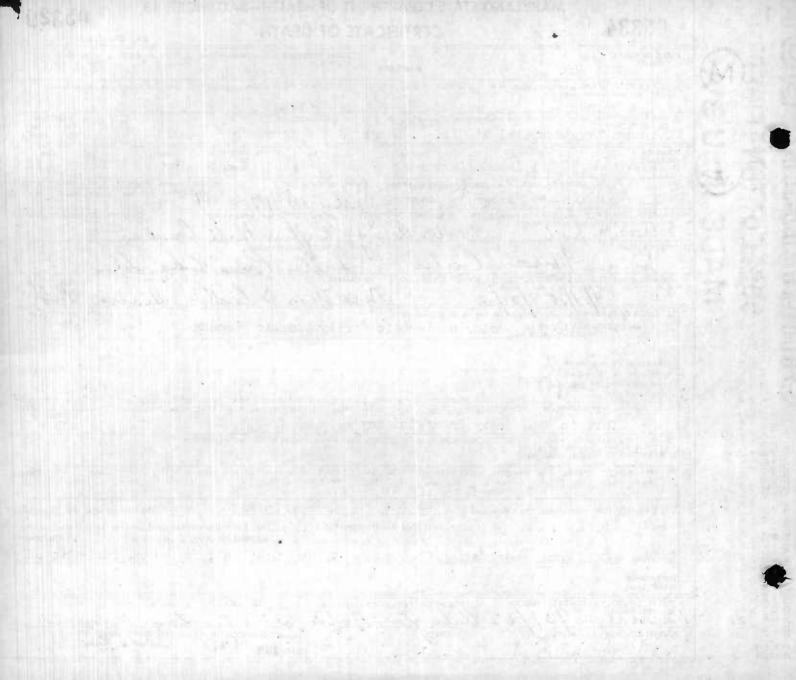
been signed ond buriol-tronsit

by the hospitol or ottending physicion **RECTOR:** After this certificate has

detoched for use os the cremotion, or

the registror prior page 3 should

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24



ND STATE DEPARTMENT OF HEALTH ion of Statistical research and records, 301 W. Preston Street, Baltimore 1, Marylang MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) director. Person files. Health, a. COUNTY a. STATE b. COUNTY Same Anne Arundel MARYLAND Same b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Glen Burnie Same d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State YES NO F Wilson Rd Same 3. NAME OF Middle Last 4. DATE Month Day Year the DECEASED OF the (Type or print) DEATH Coppard Caughy 62 2, and 3 to e 5 may be ind 2 with 1 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours WIDOWED DIVORCED hin 24 hours and Give Pages 1, 2, 7 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) Housewife -Retired Eastbourne England
14. MOTHER'S MAIDEN NAME USA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? evel 16. SOCIAL SECURITY NO. Address y" in pencil in Item 18. office along with for a burial-transit permit. (Yes, no, or unkown) | (Ifyes give wer or dates of service) any Mrs. Marion Beavers, (daughter 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN = ONSET AND DEATH PART I. DEATH WAS CAUSED BY: General Asthenia Years IMMEDIATE CAUSE (e) removal, DUE TO Conditions, if eny, which (b) d "pending" i Examiner's O se used as a bu gave rise to immediate cause DUE TO (e), stating the underlying 0 cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION the word Medical Ex PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing Chief / 3 buri 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (Clty or lown) (County) (State) 0 factory, street, office bldg., etc.) While MEDI Hour a.m. Not While et work at work CIOR PŢ. 0 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection bc Inquiry xxx and in my opinion MEDICAL ecute the combe be forwarded to DIRECT death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL 5/7/62DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Glen Burnie, Md Address (Street, city, town, or county) 9986 22a, BURIAL, CREMATION. CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Q REMOVAL (Specify) 9 4 0 p Baltimore, Maryland oudon Burial FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME arthur & throng 5M 9/60 DATE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY Baltimore City Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) mos. 6 days Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO DE 1314 Fremont Avenue 3. NAME OF Middle DATE Month Day Yeer DECEASED OF (Type or print)3-#22674 62 W. Clement DEATH 19 James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys WIDOWED T DIVORCED Male Negro 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Unemployed U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emal Clement Jenny 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas po, or unkown) (If yes give war or dates of sarvice Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Cardiovascular Disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X use 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH detached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State) Month, Day, Yaer factory, street, office bidg., etc.) While Not While Hour at work at work p.m. 1962, that (I) (we) last (1) (this hospital) attended the deceased from... coased alive saw the 22b. DATE ATURE ATTENDING STAFF X DIRECTOR PHYS. PHYS. M.D. SICIAN'S 22d. ADDRESS NAME (Type) Crownsville State Hospital, Maryland Lionel McHenry Mapp. ector, NAME OF CEMETERY OF CREMATORY BURIAL, CREMATION, | 23b. 23c. (Stete) 23a. REMOVAL (Specify) - F 2 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRÉS. PUNERAL DIRECTOR'S SIGNATUR VR A15 (4) anthur & Thous

MARYLAND STATE DEPARTMENT OF HEALTH

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death

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DIRECTOR:

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10	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
<del>5</del> 70	CERTIFICATE OF DEATH 103331
O O	1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution, Rasidanca bafora admission
M	a. COUNTY Anne Arundel  Maryland  Anne Arunde:  Anne Arunde:
須入	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
5 6 6	Glen Burnie 14 yrs. K Glen Burnie
ges 1	Glen Burnie  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS    e. IS RESIDENCE
Pag urs	#1312 Howard Road (Harundale) #1312 Howard Road (Harundale) YES NO N
thin 72 hor	#1312 Howard Road (Harundale) #1312 Howard Road (Harundale) YES NO 3. NAME OF First Middle Last 14. DATE Month Day Year
72	DECEASED
in	GILBERT F.B. CULWELL May 9 17 02
3	5. SEX    6. COLOR OR RACE   7. MARRIED     B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Male   White   WIDOWED   DIVORCED   19th July 1950   51 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Clerk Proctor & Gamble Baltimore, Maryland U.S.A.
	13. FATHER'S NAME
	Joseph R. Colwell Gertrude Lent
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address  (Yas, no, or unknown)   (Ifyas giva war or datas of servica)
	Mg /////// 215 03 6263 Mrs. Oprothy F. Colwell Same As #2
	18. CAUSE OF DEATH [finar only one causs per line for (a), (b), and (c).]
	PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CARRIERS THERENELESS ONSET AND DEATH
	4201 DUE TO
	Conditions, if any, which (b)
	gava risa to immadiata causa
	(a), stating the underlying DUE TO
Λ	causa last. (c)  Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY
0	PERFORMED?
	20s. ACCIDENT VAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH   The EITHER, NOTIFY MEDICAL EXAMINER!
	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED At work at
	p.m. 19 at work at work
	21. I certify that (I) (this hospital) attended the deceased from 1953, to 1964, that (I) (we) la
<u> </u>	saw the deceased alive on 5 1943, and that death occurred at 10.7M, from the Gauses and on the date stated above
5	228. SIGNATIFIE AND ATTENDING STAFF 22b. DATE SIGNE
	M.D. PHYS. DIRECTOR PHYS. 3 1/62
	22c. PHYSICIAN'S  NAME (Type) Charles B. Man Daneld  22d. ADDRESS  22d. ADDRESS
	NAME (Type) Charles R. MacDonald 202 Crain Highway, S.W., Glen Burnie,
Pilled	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
28	Burial 12th May 1962 Glen Haven Mem. Park Glen Burnie, Maryland
25(4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE
M.	The Singleton Glen Burnie, Md. DAMAY 15'62 Civiling S. Kroma
111.	The state of the s

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W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS. funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution; Residence before admission) a. COUNTY b. COUNTY ANNE ARUNDEL MARYLAND 200 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) PASADENA PASADENA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed STREET ADDRESS e. IS RESIDENCE RITCHIE 3. NAME OF DECEASED OF (Typa or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS last birthday) Months WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during, most of working life, avan if retirad) HOUSEKEEPER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyas giva war or dates of service) DERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY day IMMEDIATE CAUSE (a) DUE TO o scleratio Cardio vascular gava risa to immediata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) (Stata) factory, street, offica bldg., atc.) Whila Not While Hour a.m. at work at work 19.01. to... ..., 19....., that (I) (we) last saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa 23d. LOCATION (City Jawa or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b., MOVAL (Spat) fy) 10 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) anthur & Knows 15M 9/60 DATE

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	112		MARYLAND STATE DEPARTMENT OF HEALTH	
- To	2		05339 CERTIFICATE OF DEATH	MORE 1, MARYLAND 05333
ours afte	2 shoul	1.	PLACE OF DEATH  a. COUNTY  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where decessed lived, b. CO	If institution Residence before edmission)
1 24 ho	Par Silver		b. CITY ON TOWN (if outside corporate limits, write august and edge nearest town)  C. LENGTH OF STAY IN 16  C. CATY OR TOWN (If outside corporate limits, write august and edge nearest town)  C. LENGTH OF STAY IN 16  C. CATY OR TOWN (If outside corporate limits, write august and edge nearest town)	vrite RURAL and give nearest town)
Thir Silled	s. Page		d. NAME PENOSPITAL OR MISTITUTION (if not ) by hospital, give street/eddress)  1. STREET ADDRESS  2.26 N. Carcy Tree	IS RESIDENCE ON A FARM? YES \( \sqrt{NO} \)
xecuted	led u		NAME OF DECEASED (Type or print)  Make COTTMAN  4. DATE OF DEATH MA	4 19 × 1962
e ed el	carbon int, with	5.	FEMALE   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE IN YOUR MINISTRAL   9. AGE IN YOUR MINISTRAL	Months Days Hours Min.
ertifica	remove any eve		me dering most of working the, even if retired)  Maruland	12. CITIZEN OF WHAT COUNTRY?
death c	please and in		LAKASULA 14. MOTHER'S MAIDEN NAME (LAKASULA)	
at the	Then noval, a	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address, no, or unknown) (If yes give war or detes of service)	ress
uires th /sician.	permit.		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
aw req ing phy	-transit mation		Conditions, if any, which > DUE TO Hypertensive Cardisvascular Renal 1)	sease.
The latend	burial, cre	1	gave rise to immediate cause (e), stating the underlying DUE TO Aderrosclerosis - Generalized.	
pital or	r to bu	ATION		GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED?
PHYSI the hos his cert	for use	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DING ned by After t	etached of Hea	AEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour e.m. While Not While factory, street, office bldg., etc.)	(County) (State)
ATTEN Be retail	ld be d b Dept.	_	21. I certify that (I) (this hospital) attended the deceased from	, 19, that (I) (we) last
OR I	3 shou he Stat		228. SIGNATURE  228. SIGNATURE  ATTENDING  MED. STAFF  PHYS. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
PITAL	with t		228. PAYSICIAN'S NAME (Type) LIDAE MEANTY Mapp. 22d. ADDRESS	
death.	director,	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMPTERY OR CREMATORY, 23d. LOCATION (City, REMOVAL (Specify) Man 23 1962 Mt. Wuhum Colmitan Nestbart	(Battimere) In A.
HH	IS (4) M	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256.	REGISTEAR'S, STENATORE CITCHIA S. Thank
	2	1	JOS L RUSS 2227 16 P TAVE DATE MAILE OF	

AND LOUSES LECENTRATIONS TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death.

4 death.

5 death.

6 death.

7 TO FUNE, AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

1. PLACE OF DEA		CERTIFICA	TE OF DEATH		05334
a. COUNTY A	nne Arundel	MARYLAND	e. STATE Marvl	b. COUNTY	itution: Residence before edmission)  Anne Arnudel
write RURAL e	(if outside corporate limits nd give nearest town)	c. LENGTH OF STAY IN 16	<b>\</b>	side corporate limits, write RU	JRAL end give neerest town)
d. NAME OF HOS	PITAL OR INSTITUTION (if	not in hospitel, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
3. NAME OF	del General First	dospital Middle		lk, Silven	Shores YES NO NO
(Type or print)	Estel			of DEATH May	8 1962
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	last birthday) M	UNDER 1 YE .R IF UNDER 24 HRS. onths Days Hours Min.
female  10a. USUAL OCCUPA  done during most of the	ATION (Give kind of work working life, even if refired	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County &		12. CITIZEN OF WHAT COUNTRY
Housew  13. FATHER'S NAME		**************************************	Maryland		USA
Charle	s W. Ogden			Robertson	
15. WAS DECEASED	EVER IN U.S. ARMED FOR C	CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	3 - 4 1 1 1 1 1 1
No CAUSE OF	DESTU linter only	Unknown   ]	Richard I. Dr	esser-Husbr	ad-same 2d
Conditions, if e	diete ceuse		y Monn		
(e), steting the cause lest.	(c)_				
PART II. OTH	(c)_	ONS CONTRIBUTING TO DEATH BUT N  ON 1  20b. DESCRIBE HOW INJURY OCCURE	nephris	tro.	IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES NO
cause lest.	(c)_(c)_(c)_(c)_(c)_(c)_(c)_(c)_(c)_(c)_	20b. DESCRIBE HOW INJURY OCCURE    20d. INJURY OCCURED   200. PL	D. (Enter net of injury in Pert	tro.	PERFORMEDZ
PART II. OTH  200e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTII)  20c. TIME OF IN Hour e.m p.m  21. I certify	HER SIGNIFICANT CONDITION WAS UNDERLYING  WAS	20b. DESCRIBE HOW INJURY OCCURED While Not While et work at work 11) attended the deceased from	D. (Enter neture of injury in Pert)  ACE OF INJURY (Home, ferm, chory, street, office bldg., etc.)	or Pert II of item 18.)  Of. (City or town)	(County) (State)
PART II. OTH  200e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTII)  20c. TIME OF IN Hour e.m p.m  21. I certify	HER SIGNIFICANT CONDITION  WAS UNDERLYING  WAS	20b. DESCRIBE HOW INJURY OCCURED 200. PL While Not While et work at work 10 at work 11 at ended the deceased from May 8, 19.62, and the	D. (Enter neture of injury in Pert land)  ACE OF INJURY (Home, ferm, ctory, street, office bldg., etc.)  May 7, 19.  If death occured at	or Pert II of item 18.)  Of. (City or town)  A from the causes an	(County) (State)  (County) (State)  (County) (State)  (County) (State)  (County) (State)  (County) (State)  (DAZE) last do not the date stated above 22b. DATE 5/8/62

MARYLAND STATE DEPARTMENT OF HEALTH

I tawini .... d silesel directinia Sepentaen marles W spirem Unknown - Kickert I. Duesner-Husbund-same 26 acation meeting the replace 68 48 -dx cases and note; secondary to Guard as Clayans, M. P. 2/11/62 modeville demetery spourille, Maryland Roberts A. Pumpirey, Bethesda, Maryland

STATE **HEALTH DEPT.** TO DEP.

INEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any may is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

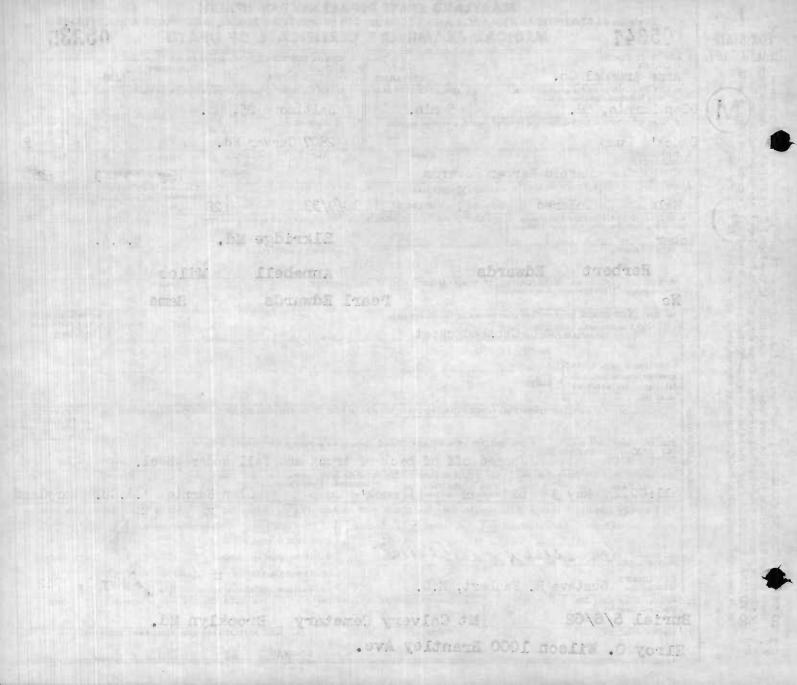
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Nealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 mours after death. VS. A15ME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05341 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05335

	LACE OF DEATH				2. USUAI	RESIDEN	ICE (Whare	deceased lived, If	institution: Re	sidence before	edmission)
	nne Arund	el Co.		MARYLAND	a. STAT	, Sam	-	b. COU	Sam-	0-	/
b.	CITY OR TOWN (in	outsida corporete lin	nits,	c. LENGTH OF STAY IN 15		21		porata limits, writ			own)
Gle	n Burnie,	give neerest town)		5 min.			e 25.			21/01	, 4
d	NAME OF HOSPIT	AL OR INSTITUTION	(if not In hos	pital, giva streat address)		T ADDRESS	0 229	1100	-	1 0. 15	RESIDENCE
	ck's Dump				280	7 Car	ver Rd				NO X
3. N	AME OF ECEASED	Firs	t	Middla	Los		4. DATE	Mont	h		nar was
	ype or print)	Harold Ha	arper !	Edwards			DEAT	H Mas	toler	93 19	9620
5. \$	EX	6. COLOR OR RACI	7. MARRIE	D X NEVER MARRIED	8. DATE OF BI	RTH		9. AGE (In years			
M	ale	Colored	WIDOWE		10/9/3	3		28 yrs.	Months D	ays Hours	Min.
10a.	USUAL OCCUPATI	ON (Giva kind of wor	k 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHE	LACE (State	or foreign co		12. CITIZ	EN OF WHAT	COUNTRY
Lat		king lifa, aven if retir	ad)		EI	krid	ge Md		U.S.	Δ	
	ATHER'S NAME		2		14. MOTHER			•	10.0.	A.	
	Herbe	rt. Ed	wards	all and the later of the later	A 70	nebe:	77	Miles			
	VAS DECEASED EVE	R IN U.S. ARMED FO	RCES?   16.		INFORMANT		<u></u>	Address			
I I	To or unkown) (If	yasgiva warordates of	service)	Pe	arl Ed	ward	S	San	ie		
	The second second second second second	EATH [Entar only on	a cause par l	ine for (a), (b), and (c).]						INTERVAL B	
	PART I. DEATH	MAS CAUSED BY:	Crush	ed chest						Sudde:	
1	812 X	DUE TO									
	Conditions, if eny,										
	seve rise to immedia	te cause				-					
	a), steting the un	derlying									
Z =	PART II. OTHER			TRIBUTING TO DEATH BUT I	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1		
CERTIFICATION										YES T	NO TE
E :	20a. EXTERNAL CA	USE WAS	20b. DESCR	BE HOW INJURY OCCURED.	(Entar nature of	Injury in Par	rt I or Part II o	of item 1B.)			
	RIMARY X or COR	NTRIBUTING []	Jumped	off of back	of truck	and	fell u	nder whe	eel.		
MEDICAL	Oc. TIME OF INJUR	Y Month, Day, Ye	er   20d.	NJURY OCCURRED   200. P	ACE OF INJURY	(Homa, farr	m,   20f. (Ci	ty or town)	(Count		(State)
WEDI	11:00 a.m.	May 3 19	62 at wor	Not While Smuc	k's Dumi	a bidg., efc )	Gler	Burnie	A.A.C	o. Ma	rvland
				ains described above, I		-					0
		om: Natural c	-	Accident X. Su	-	Homicide		ndetermined m			
	1				CILIE	F MEDICAL	EXAMINER [				
	ACTUAL .	uslow	XX	aubechill	M.D. ASSI		ICAL EXAMI			DATE SI	GNED
	SIGNATURE		crive				L EXAMINER		www.		
	EXAMINER'S NAME (Type)	dustave H.	Faube	rt, M.D.			city, town, or	Maria Maria	r Ma	y 3, 1	962
	BURIAL, CREMATION	7, 22b. DATE THER	EOF	22c. NAME OF CEMETERY				TION (City, town	, or country)	(51	ale)
Bu	rial 5/	6/62		Mt Calvery	Cemeta	ry	Brook	klyn Md			
23.	FUNERAL DIRECTOR			ADDRESS				RAR 246. REG		NATURE	
E	lroy 0.	Wilson :	1000 ;	Brantley Av	e.	DATEAY	7 '62	Class	hua & M	and district	
									A	Acceptance	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY 3 to the funeral director. Page y be retained for your files. with the State Board of Health, Anne Arundel Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) anna polis Edgewater
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) a. IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO Woodland Beach 3. NAME OF 4. DATE Month DECEASED OF 62 (Type or print) DEATH FOSTER May 19 ROY with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. land 2 with 72 hours of last birthday) and Months WIDOWED DIVORCED Male in pencil in Item 18. Give Pages 1, 2, 2. Since and with form PM3. Page 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) Tree Trimmer Comm. Tenn. USA within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret (Uhknown) any event Ephram Foster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN' (Yes, no, or unkown) | (If yes give we ror detas of service) 406-09-7164 Fanny Foster- Wife- same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along w burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Shotgun wound of the left chest EXAMINER: This certificate should be DUE TO Conditions, if any, which "pending" Examiner's ( geve rise to immediate cause DUE TO (e), steting the underlying 0 ould be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? cute the certificate, writing the word so forwarded to the Chief Medical E.AL DIRECTOR: Page 3 should be gnated agent, prior to burial, cremat NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. Shot self in chest 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) 1062 at work at work Edgewater. Anne Arundel, Md. Home 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry and in my opinion MEDICAL Suicide X Undetermined manner Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE Medical Investigator 5/14/62 NAME (Type) Peter W. Rieckert, M.D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION 225. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Cross Roads Cemetery Rt 2 Oneida, Tenn. 940 Removal-Burial May 15,1962 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. PONERAL DIRECTOR ADDRESS VS. AISME MAY 1 8 '62 Circleng S. Thouse DATE Annapolis. Md. 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after		the funeral	nd 2 should	we filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
thin 24		illed in by	ages 1 ai	rs after d
xecuted		mpletely n	papers. P	in 72 hour
be ed		and co	arbon	, with
certificate		physician	- Temove	any even
death		ding	please	and in
that the		the after	t. Then	moval,
requires 1	physician	gned by	isit permi	ion, or re
The law	Hending	s been si	ourial-tran	I, cremat
AN:	or a	ate has	the t	buria
IYSICI	hospita	certifica	or use as	prior to
IG PI	by the	ter this	hed fo	Health
NDIN	ained	R: Af	defac	ot. of
ATTE	be ref	CIO	eq pin	te Der
OR	may	DIRE	3 sho	e Sta
TAL	4	AL	page	with th
HOSP	leath.	FUNE	lirector,	ve filed v

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05343 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidenca bafora edmission) a. COUNTY b. COUNTY Anne Arundel Maryland Baltimore City MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) Crownsville Baltimore 4 yrs. 4 mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital 1223 E. Lanvale Street YES NO K 3. NAME OF Middle DATE Month Day Year DECEASED OF 1962 (Type or print) Hattie DEATH Spencer Gardmon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months February 1. 1882 WIDOWED I DIVORCED Female Negro 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Unknown Virginia U.S.A. Unknown 14. MOTHER'S MAIDEN NAME Joe Spencer Susie ? Addrass No Hospital Records Unknown INTERVAL BETWEEN

10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyasgiva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion Hours IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Cardiovascular Disease Years Conditions, if any, which geva rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? General and Cerebral Arteriosclerosis NO X 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 1B. OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) \_\_\_\_factory, street, office bldg., atc.) While Not-White at work | et work ....., 1962, that (I) (we) last 2..., and that death occured at 5.130, from the causes and on the date stated above, saw the deceased alive 22b. DATE 22a. SIGNATUKI ATTENDING SIGNED May 3, 1962 DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS

233. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY 23c. NAME OF CEMETER

Lionel McHenry Mapp, M.D.

NAME (Typa)

23d. LOCATION (City, town or county)

Crownsville State Hospital, Maryland

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

(Stata)

SK DATMAY 8 '62 Ciling S. Kinus

VR A1S (4) 15M 7/61

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15M 9/60



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00044				
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dece		esidence before admission)
L. Cl.	MARYLAND	a. STATE Md.	b. COUNTY	CL
b. RITY OR TOWN (if outside corporate limit white RURAL end give nearest town)	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpore	te limits, write RURAL end	give neerest town)
( makoles		10/ Imalost	10	
d. NAME OF HOSPITAL OR INSTITUTION	if not in hospitel, give street eddress)	d. STREET ADDRESS	1 14	a. IS RESIDENCE
167 Glouses		167 Houses	ter Al-	YES NO
3. NAME OF DECEASED (Type or print)	the Vi	Pessier 4. Date OF DEATH	May 1	24 1962
5. SEX 6. COLOR OR RACE	WIDOWED DIVORCED	aug 11 la 1879	AGE (In years   FUNDER 1 ) est birthdey) yrs.  Months D	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retire		Y 11. BIR PALACE (County & State, or to	eign country) 12. CITI	ZEN OF WHAT COUNTRY
Deamstress	Dress makeing	Imalsolo	0 17	SH
13. FATHER'S NAME	O hery	Bertha 1.	Vegves	/
15. WAS DECEASED EVER IN U.S. ARMED FOI	RCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give we ror detes of s	213-16-1668			
18. CAUSE OF DEATH [Enter only one		_		I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	( supra . 4)	2. 20		ONSET AND DEATH
IMMEDIATE CAUSE (a)	To orang or	montes.		1-04
420,0 DUE TO	Cateria a la	- ile + Dago		11.5
Conditions, if eny, which (b)	and section	re They was	26	12
(e), steting the underlying DUE TO				0
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  III EITHER, NOTIFY MEDICAL EXAMINER)	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED? YES NO M
200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II o	f item 18.)	1.00
20c. TIME OF INJURY Month, Day, Ye Hour a.m.		ACE OF INJURY (Home, ferm, 20f. (City of tory, street, office bldg., etc.)	r town) (Cour	nty) (Stete)
21.   Certify that (I) Athis hospi	tal) attended the deceased from	Jan 10, 1859 10.	Jan 5 191	6.0, that (I) (we) last
say the deceased give on		death occured at AM, from	1.	
228 SIGNATURE				22b. DATE
Town I That		ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	SIGNE
22cd PHYSICIAN'S NAME (Type) JAMES	R. MARTIN	6 SHAW ST	ANNAPOL	is MA
23e. BURIAL, CREMATION, 23b. DATE THE	REOF 23c. MAME OF CEMETERY	OR CREMATORY 23d TOCAT	ION (City, town or county	) (Stete)
May 19	The same of senterest		,	
1 4 10 10 11	1962 St Man	is Comt Uss	napolis	me
24 FUNERAL DIRECTOR'S SIGNATURE CON	Surs Comapo	is Cont (1)	AR 256 REGISTRAR'S S	MAL SIGNATURE

THE PARTY OF THE PROPERTY OF THE PARTY OF TH PARTER REPORTED TO WARRED TO WEIGHT REPORTED TO

CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Anne Arundel the d 2 Maryland Baltimore City MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town)
Crownsville ely filled in b rs. Pages 1 a hours after o Bal timore mos. 16 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Crownsville State Hospitan 2322 McCulloh Street completely 3. NAME OF DATE Middle DECEASED Estelle (Essie) Green (Type or print) 3-#23022 Anna DEATH and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months | Days Female Negro WIDOWED T DIVORCED March 3, 1876 physician se remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Unknown Unemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Charles Stewart Martha 7 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or defes of service) Hospital Records Unknown Unknown ician. by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Hypertensive Cardiovascular Disease been signed IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION steomyelitis. Right Leg 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour e.m. While Not While et work p.m attended the deceased from........... 21. I certify that (I) (this hospital) ....19.62 saw the deceased alive on..... ..., and that death occured at A.R.M. from the causes and on the date stated above. shoul ATTENDING STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S 22d, ADDRESS Hildegard Heard Reissman, M. D. Crownsville State Hospital, Maryland ector, 23d, LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) Ö.ş Laurel Maryland Carver Mem. Park FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Carchary & House

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

e. IS RESIDENCE ON A FARM?

YES NO X

19 62

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO X

(State)

22b. DATE

182NED

19.62, that (I) (we) last

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

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requires that the

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14		MARYLAND STAT  DIVISION OF STATISTICAL RESEARCH AND REC  05346  CERTIFIC	TE DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIMORE 1, M CATE OF DEATH	ARYLAND 5340
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institutions Res	- (1) X (1)
IVI		a. COUNTY  Anne Arundel MARYLA	a. STATE b. COUNTY	A_undel
deap		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		
63		Annapolis 1 wk	/O Annapolis	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address)  Anne Arundel General Hospital	/ d. STREET ADDRESS 194 Clay St.	e. IS RESIDENCE ON A FARM? YES NO XX
	3.	NAME OF First Middle		Day Yaar
		(Typa or print) Nannie Evelyn	DERMI	0 1962
	5.	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH , 9. AGE (In yeers   IF UNDER 1 YE last bightday)   Months   De	
		Female Negro WIDOWED DIVORCED	Dec. 17, 1895   66 yrs.	
	d	Domestic ************************************		N OF WHAT COUNTRY
	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	)	Unknown	Unknown	
٥	(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (es, no, or unkown) (Ifyesgivawarordatesofservica)		
	=	NO Known  18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).]	Robert Green Sr. 194 Clay St. Anna.	Md.
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  443 × DUE TO	Henouthage du	ONSET AND DEATH
		Conditions, if any, which gave rise to immediate causa	clented Hy fortenous	
		(a), stating the underlying DUE TO Carrow Constant	asla diana	
0.	CATION	(c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCOR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (Entar natura of injury in Part I or Part II of itam 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 About Not While at work et work	e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County factory, street, office bldg., etc.)	(Stata)
		21. I certify that (I) (tricy project) attended the deceased f	rom 3 4 19 10 May 10, 1962	, that (I) (w/6) las
		saw the deceased alive on May 10, 1962 and		
		278 SIGNATURE CILO ON DAN	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
1		22c. PHYSICIAN'S NAME (Type)  P. J. Dichardon M. D.	22d. ADDRESS	
		R. L. Richardson, M.D.  Sa. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	110 Clay St., Annapolis, Md.  TERY OR CREMATORY   23d. LOCATION (City, town or county)	
	-	REMOVAL (Specify)		(Stata)
		Burial May 13-62 Brewer Hi.	Annapolis, Marylar 25a. RECIPAN REGISTRAR'S SIG	
	-	C.E.Hicks lll Annapolis, Marylan	16.60	
		Transfer of the same of the sa	,	

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And Garages, Amerosan, etc.

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 2. DATE OF DEATH I. NAME OF DECEASED (Type or Print) 事2 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY Pages 1 2 (IF NOT IN HOSPITAT DE INSTITUTION, GIVE STREET ADDRESS OF LOCATION) FULL NAME OF filled HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION completely papers. D. STREET ADDRESS (If rural give location) carbon DATE OF BIRTH AGE (In years If Under I Yr. If Under 24 Hrs. 6. COLOR OR RACE SINGLE, MARRIED S. SEX last birthday Months ! Days Hours! Min. WIDOWED, DIVORCED (Specify) and requires that the death certificate physician 12. CITIZEN OF please remove IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? done during most of working life, even if retired) MAIDEN NAME 13. FATHER'S NAME aftending ADDRESS 16. SOCIAL 15. Was Deceased Ever in U. S. Armed Forces? physician. SECURITY NO. (Yes, na or unknown) (If yes, give war ar dates of service) permit. INTERVAL BETWEEN CAUSE OF DEA been signed 18. ONSET AND DEATH burial-transit DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) certificate has ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving CERTIFICATION rise to the above cause (A) stating the prior UNDERLYING CONDITION lost. may be retained by the DIRECTOR: After this 3 should be detached for OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. AUTOPSY? IF OPERATION WAS RELATED TO 20. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION CAUSE OF DEATH, ENTER IN WAS PERFORMED -NO 22. 1 certify that [] [this haspital] attended the deceased fram 19 6 2 that (1) (we) last sow the deceased alive an Lo A. m. fram the causes and an the date stated obave and that in (my) (our) opinion death occurred at-23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED M. D ATTENDING PHYS. MED. DIRECTO STAFF PHYS 24A. BURIAL, CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATOR 24D. LOCATION (City, tawn, or county) REMOVAL (Specify) |Stote QT 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VR A15 (4) ADDRESS MAY 2 2 '62 15M 7/61 William S. Mary

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The second secon

N ST THOMPSIAN - NTAST TO TRUMPSARED STATE SUMATIONAM DESCRIPTION OF THE PARTY OF THE

ithin 24 hours after death, 194 may be retained by the hospital or attending physician.

TO FUNDARL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dea The law requires that the death certificate be executi OR ATTENDING PHYSICIAN: TO HOS VR A1S (4)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOREII, MARYLAND 99 CERTIFICATE OF DEATH

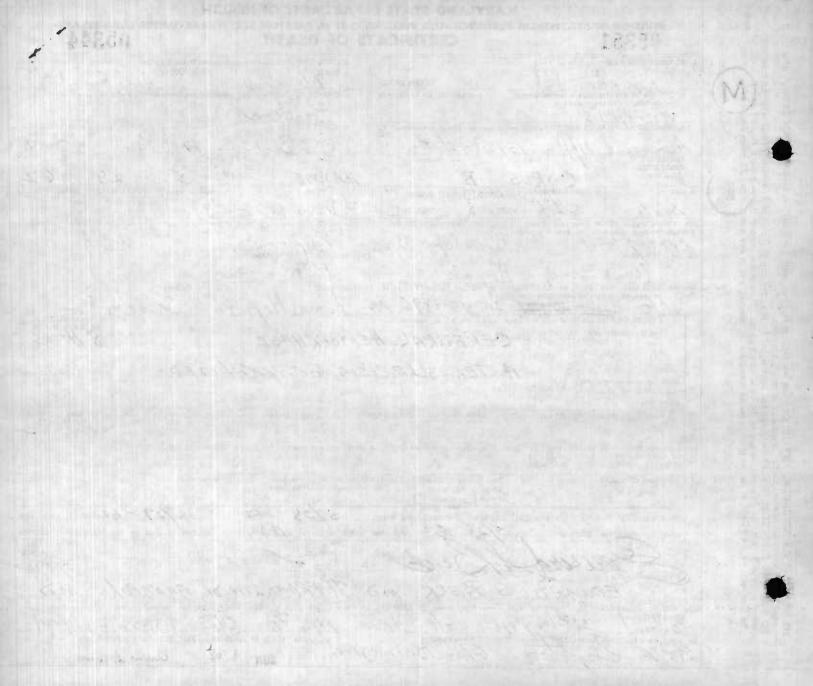
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Anne Arundel MARYLAND	a STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)  Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if get in hospital, give straet address) (Dead on arrival) Anne Arundel General Hospital	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?  1311 West St.,  YES \[ \begin{array}{c} \text{VES} \\ \text{VES} \[ \begin{array}{c} \text{VES} \\
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Gardiner	HALL OF DEATH May 9 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	June 16, 1906   Strikday)   Months Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housing athority GXAC, for Unnespolis City	Maryland U.S.
amos L. Hall	Betty L. Catterton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yesgivewarordalesofservice)	Mothy M. H. DO (2)
18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Coronary	occlusion Immediate
420,0 DUE TO 1	, D , O.
Conditions, if any, which ) Hrterioscler	ofic neart disease 2 years
gava rise to immediate causa (a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO KX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)	). (Enter neture of injury in Part I or Part II of item 18.)
Hour a.m. While Not While fact	CCE OF INJURY (Home, farm, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
7	Jan. 20, 1962, to May 9, 19.62 that (1) XOGO last
22a. SIGNATURE	deeth occured atM, from the causes and on the date stated above.
Richard Hochman M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 5/9/67
22c. PHYSICIAN'S NAME (Type) Pichard T Usehman M D	22d. ADDRESS
nichard I. nochman, M.D.	59 Franklin St., Annapolis, Md.
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) May 14-1982 Mt Harmon	or CREMATORY 23d. LOCATION (City, 10yer or county) Md
24 JUNERAL DIRECTOR'S SIGNATURE Con Comments olis	MA 25a. PEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J. Comment	DATE MAY 15'62   Chilling S. Huma

of and to the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05343 05350 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before addission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ann abo d. NAME OF HOSPITAL OR/INSTITUTION\_(If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Day Yeor DECEASED OF (Type or print) DEATH 196 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE MARRIED NEVER MARRIED 18. DATE OF BIRTH Months Hours Min. WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) triendshi aintanone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -rass107 IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO DX 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour Not while o. m. of work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry . and find that Suicide . Natural causes Homicide . Undetermined cause RECTOR EDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER-NAME (Type) 22d. LOCATION (City, town, or county) 220, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) 0 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SM 9/55

	1	05351 CERTIFICATE OF DEATH 05344
nera		1. PLACE OF DEATH   2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission
S 24	1	a. COUNTY  Anna Anna Anna Arranda
5 = 1 1/	1)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  with RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
42 di	00	Annapolis
lled age	70	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM
S. P. fi		Homewas of NIH- 1312 West st. R1.6-Box 135- High Point YES NOD
ute lete		3. NAME OF First Middle Last 4. DATE Month Day Year OF
om dir		(Type or print) CYRUS B HAYNIE DEATH 5 29 1962
and c		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Last birthday) Months Deys Hours Min.
0		Male Widowed Divorced 25 Dec. 1872 879 yrs.
ificat ician nove even		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTR
cert cert shys		13. FATHER'S MAKE   NO LET   14. MOTHER'S MAIDEN NAME
ath ng p ease d in		
andi andi		15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
the The The		(Yes, no, or wakown) (Ifyes give wer or detes of service)
that the the		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
sicia d by Derm or r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CEREBRAL HEMORRHAGE  ONSET AND DEATH  SHOURS
phy gne gne sit p		33/X DUE TO
n si		Conditions, if eny, which ) (b) ARTERIOSCHEROSIS, GENERALIZED WAKNOW
end end bee rrial		gave rise to immediate cause (a), stating the underlying DUETO
r aff has e bu		cause lest. (c)
IAN al o ate s th	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPS' PERFORMED?
Se a tre		YES NO E
HYS b ho or u		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPED? PERFORMED? YES NO PORTON OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
this alth		
d by Affer Affer ach		20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) 20f. (City or fown) (County) (State)
R: del del		p.m. 19 at work at work
Dec Des		21. I certify that (I) (this hospital) attended the deceased from 5.728, 1967, to 5.729., 1963 that (I) (we) la
NEC oulcoulcate		saw the deceased alive on
O DI DI Sh		ATTENDING MED. STAFF
AL AL		22c. PHYSICIAN'S 22d. ADDRESS
par.	1	NAME (TYPED CURP) S. RECK MD. 71 FRANKLIM ST ANNAPOLS MD
FUN ector filed		23a, BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (Stele)
P di O do		Butia (Specify) 31 ElMay 1962 Glen Haven Mem. PK. Glen Burnie, Md.
VR A15 (4)	0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS . 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 7/61	Ry	1. 9. Singtelon Glen Barnie, 1974 DATE AUN 1'62 Chilling & Think
	D.	

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Anne Anundel b. COUNTY Maryland Baltimore City 12 d MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO TO 624 W. Franklin Street 3. NAME OF Middle DATE Month Year DECEASED (Type or print) 3-#23224 William Hollin DEATH 10 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Male WIDOWED F Negro DIVORCED T November 3, 1898 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. Chauffer Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please William Hollin Nancy Roberts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive war or datas of service) Unknown Hospital Records 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Paralytic Ileus PART I. DEATH WAS CAUSED BY. days IMMEDIATE CAUSE (a) DUE TO Obstruction of Small Intestines days Conditions, if any, which Fecal impaction and gave rise to immediate cause days DUE TO (a), stating the underlying Old Peritoneal Adhesions years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO F prior 20a. ACCIDENT WAS UNDERLYING T 2Db. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL (State) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, street, offica bldg., etc.) While Not While 10 , 1962, that (I) (we) last (this hospital) attended the deceased from... saw the deceased alive on.... 22b, DATE SIGNED ATTENDING X PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Hildegard Heard Reissman, M. D. director, be filed Crownsville State Hospital, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) ARLINGTON NAT'L. CEM. ARLINGTON, VIRGINIA BURIAL 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) lung 1820-9984 5.1 arthur & Kraus 15M 7/61 DATEMAY Wash, Da-

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ithin 24 hours after	ages I and 2 should	51
he death certificate be execut	ten please remove carbon papers. Fall and in any event, within 72 hou	I
PHYSICIAN: The law requires that the hospital or attending physician.	for use as the burial-transit permit. The prior to burial, cremation, or remova	2
TO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death, 36 4 may be retained by the hospital or attending physician by the stranding physician physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-3-found of the prior to burial, cremation, or removal, and in any event, within 72 hours after death.	8

vithin 24 hours after

DIVISION 0535	-	AL RESEA	CERTIFICA		ON STREE		ORE 1, MAR	YLAND 534	7
1. PLACE OF DEATH			em 9 Film G	2. USUAL RESIDEN				ce before e	dmission
ANNE ARUND	EL		MARYLAND	MARY LAND		b. COUN	HE ARUND	EL	
	f outsida corporate limi give nearest town) S	ts,	c. LENGTH OF STAY IN 16	ANNAPOLI		orate limits, write	RURAL and give	neerest tow	rn)
		if not in hosp	ital, give straet address)	d. STREET ADDRESS					ESIDENCE A FARM?
U.S. NAVAL	HOSPITAL,	ANNA,	MD.	RT #3 BOX	115				NO 👗
3. NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE OF DEATH	Month	Dey	Yea 19	62
5. SEX	16. COLOR OR RACE	T MARRIED	VIRGINIA  NEVER MARRIED	HORNBERGER  B. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEAR		
FINALE	CAUC	WIDOWED	THE VER MAKINGED	5 NOV 1877	84	last birthday)	Months Deys	Hours	Min.
10a. USUAL OCCUPAT done during most of wo HOUSENIE  13. FATHER'S NAME	ION (Give kind of work	10b. KIN	OF BUSINESS OR INDUST	TIMORE, MAI	RYLAND	foreign country)	12. CITIZEN C		COUNTRY
				14. MOTHER'S MAIDEN		UTC			
JOHN ADAM 15. WAS DECEASED EV (Yes, no, or unkown) (I				ELIZABI INFORMANT OHN ADAM HORI	eth el nberger	Address	X 1115 AN	NA, I	D _
PART t. DEAT	(-)	Card	d	ompens dir Hea	alin L	liear	10	Dy	
(e), stating the u cause last.	nderlying DUE TO	TIONIS CONT	TRIBUTING TO DEATH BUT N	OF DELATED TO THE TERM	INIAL WISEASS	CONDITION CIV	EW IN PART 1(a)	19. WAS	ALITODSY
200. ACCIDENT W	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	erel	CRIBE HOW INJURY OCCURE	ma wi	Ch M	nelaci	acio		NO [
Y 20c. TIME OF INJU	IRY Month, Day, Ye	er 20d. H Whila at work	Not While fee	ACE OF INJURY (Home, far ctory, street, office bldg., et		y or town)	(County)		(Stele)
21. I certify t			led the deceased from 19.62., and that					ate state	od abov
22c. PHYSICIAN'S		nla		ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	1.4	MAY	b. DATE SIGNE 62
23a. BURIAL, CREMAT	ION, 23b. DATE THE	LT MC	USNR 23c. NAME OF CEMETERY			MARY LAND			Stete)
REMOVAL (Specify)  DATECLE  24 FUNERAL DIRECTOR  DEMONSTRUCTURE  24 FUNERAL DIRECTOR  10 PM	11/ay 17	5000 Sus	Cedeir I Comapoli	Deut Centle 250. RE	C'D BY REGIS		Eller S. Krau		VL
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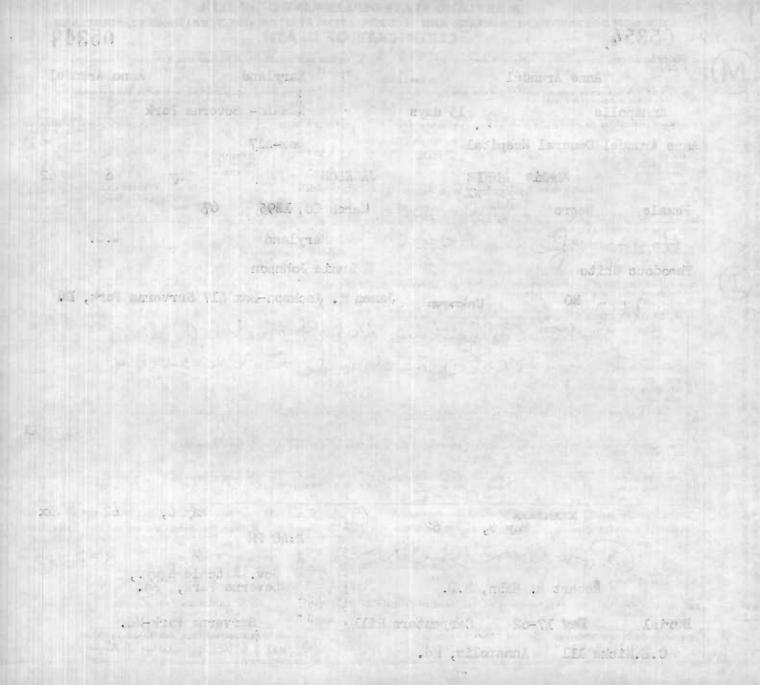
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vithin 24 hours after

The law requires that the death certificate

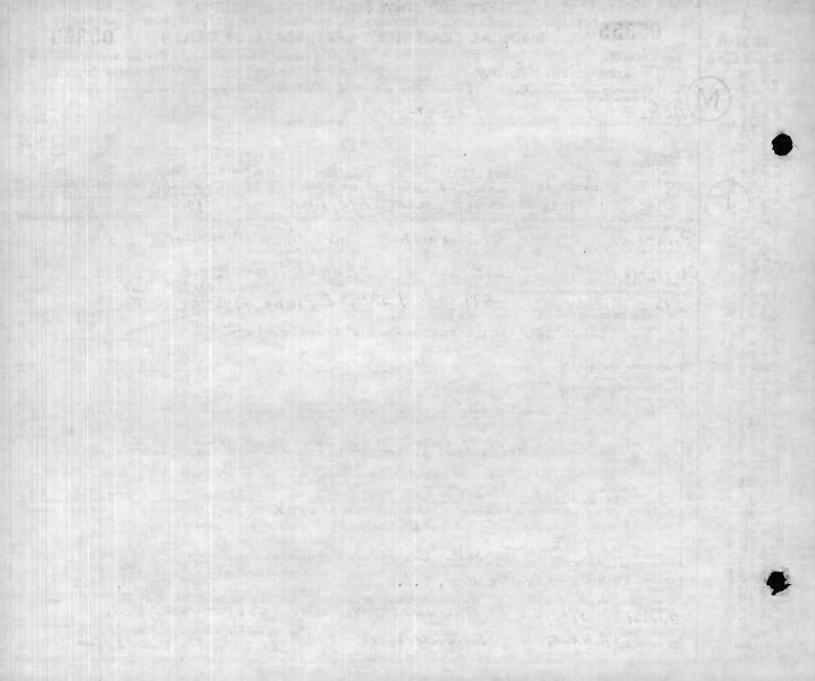
e. COUNTY Anne Arundel MARYLAND	a. STATE Manual b. COUNTY A	
	Maryland Anne	e Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give neerest town)
Annapolis 15 days	X RURAL - Severna Park	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streel address)	d. STREET ADDRESS	e. IS RESIDEN
Anne Arundel General Hospital	Box-417	YES NO
NAME OF First Middle DECEASED (Type or print)	JACKSON 4. DATE Month OF DEATH MAY	6 19 62
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	-
Female Negro WIDOWED DIVORCED	March 20, 1895 67 yrs. Months C	Deys Hours Min
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OF INDUST	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITI	ZEN OF WHAT COUN
done during most of working life, everyif retired)	Maryland	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Theodous White	Annie Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO   17	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgive war or dates of service) Unknown Jan	nes W. Jackson-Box 417 Serverna 1	Park, III
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	A	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	How Fra Duil	ONSET AND DEATH
IMMEDIATE CAUSE (a) CORRECTION	teach haven	
422 DUE TO DUE TO	multi-C-Videlack	
Conditions, if ehy, which geve rise to immediate cause	and come	T
(a), steting the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206. ACCIDENT WAS UNDERLYING  206. ACCIDENT WAS UNDERLYING  206. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING  CAUSE OF DEATH OF ETHER, NOTHER, MEDICAL EXAMINER	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOP
5		YES NO
20%, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter neture of injury in Part I or Pert II of item 1B.)	
	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (Counterry, street, office bldg., atc.)	nty) (Stete
Hour a.m. While Not While fec	1	
21. I certify that (I) (this topping) attended the deceased from.	19 ( 19 to May 6. 19)	62 that (1) (3/30
saw the deceased alive on May 6, 19.62, and that		
22e. SIGNATURE		22b. DA
1102 H COM COM	ATTENDING MED. STAFF	(-) - SIG
22c. PHYSICIAN'S	22d. ADDRESS Gov. Ritchie Hgwy.	0 1 62
	dot Todito iigny.	
NAME (Type)	Severna Park. Md.	
NAME (Type) Robert R. Hahn, M.D.	Severna Park, Md.	(State)
NAME (Type) Robert R. Hahn, M.D.  23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or country	(Stete)
NAME (Type) Robert R. Hahn, M.D.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or country	

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05349
HEALIH DEPI.	1. PLACE OF DEATH O. COUNTY Anne Arundel County  MARYLAND  2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) O. STATE  Maryland  b. COUNTY Anne Arundel
rector. Fig. of He dof He	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  DEALE  c. LENGTH OF STAY IN 1b  LOGGE OF STAY IN 1b  Deale
ay is neral dijuned for ee Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES \( \sum \) NO \( \sum \)
If any the fur retain the Stat the Stat	3. NAME OF DECEASED (Type or print) Christian Johnson Lest Dest Month OF May 15 19 62
may be 2 with a surs affi	5. SEX Male    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8. DATE OF BIRTH     9. AGE (In years last birthdey)
es 1, 2, Page 5 s 1 and n 72 ho	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Painter  Commercial  Commercial  Commercial  Christians Norway  12. CITIZEN OF WHAT COUNTRY  Christians Norway  14. MOTHER'S NAME
within 24 ho 18. Give Pagi 1 form PM3. nit. File pages r event within	Christing Littleson Anna Johannsen  15. Was Deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  3407 Boscon Lake
cate should be executed nding" in pencil in Item iner's Office along with d as a burial-transit per or removal, and in any	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.  (c)  STYLE 1756/9 TAMES E. Payne Falls Church, Ud  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  DUE TO  DUE TO  Cause lest.
is certification of the second of the use emation.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES TO NO   20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Found dead in bed in kitchen — may have been defective CAUSE OF DEATH.
VER: The state of Medical State of Medical State of Critical Critical Critical Critical Critical State of The	gas reirigerator
EDICAL EXAMII he certificate, writi warded to the Chi DIRECTOR. Page d agent, prior to b	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While Not While et work Residence Deale Anne Arundel Md.  21. I certify that I took charge of the remains described above, held an Autopsy XX Inspection Inquiry Industry Inquiry Industry Inquiry
DEFA ME. ease execute the should be forw FUNERAL DI r its designated	EXAMINER'S Rudiger Breitenecker, M.D.  Address (Street, city, town, or county)  MAY 15, 1962
please A shou TO FUI or its	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (City, town, or country) (Stote)  REMOVAL (Specify) 5/18/62 ARLINGTON National Fort Myer, Ud
VS. A15ME 5M 9/60	Bernard Harduty Italiantle and Date MAY 21 162 Circles & Kinna

MARYLAND STATE DEPARTMENT OF HEALTH



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

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nin 24 hours after

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (15356)

1.	PLACE OF DEATH	i	1	*	2. USUAL RESIDE	NCE (Where dec	ceesed lived, If i		ence before edmission)	
1	Ann	e Arundel	1	MARYLAND	Maryland Baltimore City					
		f outside corporete limi give neerest town) 11e	ts,	l mo. 2 wks. 5 days	Baltimo		rete limits, write	RURAL end giv	3 VOI . 4	
	d. NAME OF HOSPI	TAL OR INSTITUTION	if not in hospi	tel, give street eddress)	d. STREET ADDRES	S			IS RESIDENCE     ON A FARM?	
	Crownsvi	lle State H	lospits	1	1511 N.	Kenwood	Avenue		YES NO K	
3	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	De	Yeer Yeer	
	(Type or print)	Este	lle		Johnson	DEATH	5		3 1962	
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH A	9.	AGE (In yeers			
	Female	Negro	WIDOWED		ebruary 17.	1923	last birthday) 39 yrs.	Months Deys	Hours Min.	
		ION (Give kind of world		D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co	ounty & Stete, or I	loreign country)	12. CITIZEN	OF WHAT COUNTRY	
1	Unemploye			iknown	Maryland			US.A		
13	3. FATHER'S NAME			À	14. MOTHER'S MAIDE			1142		
		Thomas Tayl	or		Sarah ?					
	S. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES?   16. S	OCIAL SECURITY NO. 17.	INFORMANT,		Address			
0	res, no, or unkown) (I	fyesgive weror detes of s		known	Hospital	Records				
-		EATH [Enter only one			Hospital	11000141	10000		INTERVAL BETWEEN	
	PART 1. DEAT	H WAS CAUSED BY:		ostatic Pnew	nonia	19an	- 1		ONSET AND DEATH	
	1026	× DUE TO	-							
1	Conditions, if eny		Cry	ptococeal Me	nengitis					
	geve rise to immed	iete ceuse	-				-			
	(e), steting the u	nderlying								
2		R SIGNIFICANT COND	TIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIV	EN IN PART 1(e	19. WAS AUTOPSY	
E C	Chronia			e to Alcohol		philis			PERFORMED?	
A DIE	CHIONIC	AS UNDERLYING		RIBE HOW INJURY OCCURE		en-	of item 18 )		152   140	
CERTIFICATION		CAUSE OF DEATH		RISE HOW INJUNE OCCUR.			or nem ru.,			
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Ye	ar 20d. IN		ACE OF INJURY (Home, fortory, street, office bldg.,		or town)	(County)	(State)	
ME		19	et work	et work						
	21. I certify/	hat (1) (this hospi	tal) attend	ed the deceased from	3/14	, 19.62 to	5/.3	, 1962	, that (I) (we) las	
	saw the decea		3	1962 and the	it death occured at.	11:30 fram	the causes	and on the	date stated above	
	22e. SIGNATURE	11111	Pert. 1	Mabb	ATTENDING_	MED.	STAFF		22b. DATE SIGNED	
	X		inco 1	17/	M.D. PHYS.	DIRECTOR	PHYS.	May 4,	1962	
	22c. PHYSICIAN'S NAME (Type	Lionel	McHenr	y Mapp, M.D.	22d. ADDRESS Crownsvi	lle Stat	te Hospi	tal, Ma	ryland	
2	3e. BURIAL, CREMAT	ION, 236. DATE THE		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	ATION (City, tov	vn or county)	(Stete)	
	REMOVAL (Specify	3791	62	MT. CALL	rang Cem	Brook	ckhyn		nd.	
2	4 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	25e.	REC'D BY REGIST	RAR 256. REC		- 10	
	( C.O.)	rlson	10	oo Branthe	4 Ave. DATE	MAY 7	62	Chilling .	2. Thank	
-				~			-74-11-11			

Lenvi Committee Committee corr, as in 25 hours from a maximum 200 co. to 1900 the contraction local and the second second

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY a, STATE b. COUNTY Anne Arundel MARYLAND Maryland Baltimore City b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) === Crownsville 2 mos. 19 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Crownsville State Hospital 2233 Orem Avenue YES NO X completely 3. NAME OF Middle 4. DATE Month Yee DECEASED (Type or print) 3-#23545 Wallace L DEATH 22 1962 Keys and cor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Separated Hours Male WIDOWED Becember 17.1904 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if retired) Maryland U.S.A. Chauffeur HAULING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ignatius Keys Ida -10-2675 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or detes of service) Unknown Hospital Records Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (e) DUE TO Myocardial Infarction Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying Coronary Sclerosis and Thrombosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY CERTIFICATION PERFORMED? use prior YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER! WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While \_\_ Not While et work at work 60 (this hospital) attended the deceased from. , that (I) (we) last 2 and that death occured at A.M., from the causes and on the date stated above. 22b. DATE 5/22/62 SIGNED ATTENDING STAFF X DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) McHemmy Mapp, M. D. Crownsville State Hospital, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 0:53 MOVAL (Specify) ST. PETERS CEM 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 2 3 '62 15M 7/61 arthur S. Krouge

24 hours after

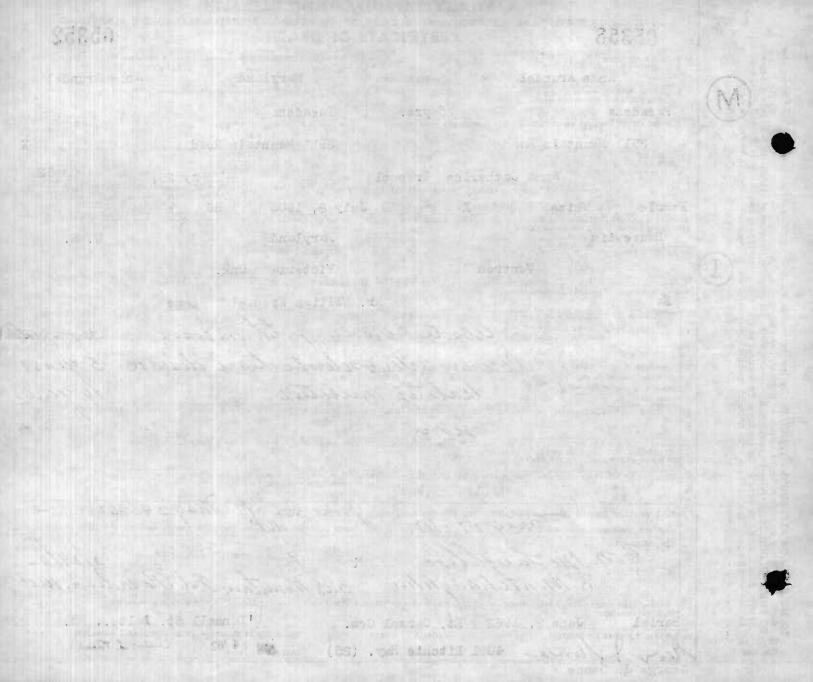
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MARYLAND STATE DEPARTMENT OF HEALTH

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Anne Arundel Anne Arundel 1 Pe MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pasadens 35 yrs. Pasadena Pages e. IS RESIDENCE led d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ON A FARM? YES NO Mountain Road 3911 Mountain Road letely 3. NAME OF 4. DATE Yeer Middle Month Day 72 DECEASED OF compl (Type or print) DEATH 1962 Anna Catherine Kreppel en 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. lest birthdey) and Months Days Hours Female White WIDOWED X DIVORCED July 8, 1905 56 VIS. e attending physician a Then please remove c oval, and in any event 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife Maryland U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Ventren Victoria Unk. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordates of service oval Mr. William Kreppel Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? Se 0 NO M Mine 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH for MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from... 0 .19 (12, and that death occured at 12 1.M., from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) O' Donnel 2, 1962 0 Burial June Mt. Carmel Cem. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ENNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 4 '62 Ciriling S. Thous 4001 Ritchie Hwy. 15M 9/60 George J/. Gonce

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before admission) a. COUNTY files. cessary, or. Page a. STATE b. COUNTY MARYLAND Florida b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Tinthicum Few instants
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Fort Lauderdale . IS RESIDENCE ON A FARM? YES NO T Baltimore-Washington Expressway 2437 Okeechobee Lane DATE Month Yabr DECEASED OF (Type or print) DEATH 19 UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. In years 7. MARRIED NEVER MARRIED lest birthdey) Months Days Hours Min. WIDOWED DIVORCED and 2 withir IDa. USUAL OCCUPATION (Give kind of work 4 hours affer Pages 1, 2, M3. Page 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) East Pepperell, Mass.
14. MOTHER'S MAIDEN NAME Retired telephone engineer USA pages Give Page File Laura Pierce Roswell Lawson executed within form 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (= Address "pending" in pencil in Item 18.
Examiner's Office along with for used as a burial-transit permit.
I, cremation, or removal. and office. permit. (Yes, no, or unkown) | (Ifyesgive war or dates of service) Mrs. Downy Lawson (wife) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Sudden DUE TO Conditions, if any, which (b) Diabetes gave rise to immediate cause "pending" DUE TO writing the word "pendin Chief Medical Examiner" (e), stating the underlying be used cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO T 3 should lior to bur 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Page ā 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Year (County) (Stete) fectory, street, office bldg., etc.) Not While While Hour a.m. Y MEDICAL POOL of the be forwarded to the rad DIRECTOR: Page 1 et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection y Inquiry v and in my opinion Undetermined manner Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER uston 147 ACTUAL ASSISTANT MEDICAL EXAMINER 5/30/62 DATE SIGNED should be for or its SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) Glen Burnie, Md. NAME (Type) Gustave H. Faubert, M.D. Addi 4 should O FUN Health 22d. LOCATION (City, town, or country) REMOVAL (Specify) Oak Grove Cemetery, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Burial .1962 23. FUNERAL DIRECTOR VR A15ME Hopping and Kirkley, Glen Burnie, Md. 5M 1/62 DATE ·· 4 '62 arthur & throws

LAND STATE DEPARTMENT OF HEALTH

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Burial June 3,1962 Oak Grove Centerry West Haven, Cone.

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Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY AN	NE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (V		ived. If institution b. COUNTY		ARUNDE	_
FT GEORGE	N (If outside carporate limits, write e nearest town) G MEADE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		te limits, write R	URAL and gi	ive nearest to	wn)
	SPITAL (If not in hospital, give stree Noy Leop	t address)	d. STREET ADDRESS 7428 Van No	y Leep	1		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Daniel	Joseph	Leary	4. DATE OF DEATH	Maj	y Y	1 <sup>0</sup> 2 <sup>y</sup>	Year 62
S. SEX Male	Caucasian		B. DATE OF BIRTH  1 Oct 1943		. AGE (In years last birthday) yrs.	7	1 YEAR IF UN Days Haur	1
10a. USUAL OCCUPA during mast of w	ATION (Give kind af wark dane 10b varking life, even if retired)	. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Sta. Pennsy.	te ar fareign cau Iv <b>ania</b>	ntry)	US	ZEN OF WHAT	COUNTRY
13. FATHER'S NAME Daniel F	. Leary		Margaret	J. Vestr	ocy			
1S. WAS DECEASED E	EVER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)		INFORMANT Military I.D.	. Card	Add	ress		
	DEATH [Enter only one cause per   DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).] Cardiac arrhy	thmia				ONSET AN	BETWEEN 1962
Canditions, it gave rise to cause (a), statilying cause la	f any, which immediate ng the under-	Congenital he		MINAL DISEASE (	CONDITION GIV	/EN IN PART	1943.	S AUTOPSY
200. ACCIDENT		SCRIBE HOW INJURY OCCURR					PER	FORMED?
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21. I certify alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	lanuel J. MANGU	and that deat		ARMY HO	ne causes an et, city ar town, SPITAL I	d an the state)	RGE G	ed abave
22g. BURIAL, CREMA JEMOVAL (Spec 23. FUNERAL DIRECTO	5/17/62	22c. NAME OF CEMETERY OF CEMET	Mational	22d. LOCATIO	//	STRÁR'S SIG	MATORE .	rate)
Deavi	I Dunalde	an Laurel	mal DATE	AT 1 / 62	O Chi	thung S. ?	Time	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY b. COUNTY Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town)
Annapolis 5-Glen Burnie Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Anne Arundel General Hospital 103 2nd letely Ave. NAME OF DATE Middle DECEASED May (Type or print) DEATH LOWMAN 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH and last birthdey) Female White Jan. 4, 1892 WIDOWED A DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Maryland House wife own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending Sarah Hood Address (Yes, no, or unkown) | (If yes give we ror detes of service) Mrs Dorothy Warfieldno 18. CAUSE OF DEATH (Enter only one cause per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SUGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20b. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dev. Yeer factory, street, offica bldg., etc.) While Not While Hour em et work at work 1962 and that death occurred et saw the deceased alive on.... ATTENDING, PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type ector, 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0.58 REMOVAL (Specify) Glen Burnie, Md. Glen Haven Cemetery Burial May 7, 1962 24 FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** VR A15 (4) 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where deceased fixed, If institution, Residence before edmission) Anne Arundel c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Y Year

1962 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months

12. CITIZEN OF WHAT COUNTRY? U.S.

same as # INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO

that (I) RECOGNACY attended the deceased from Ror. 29 19.62 to May 4, 19.62, that (I) (ASS) last

from the causes and on the date stated above 22b. DATE SIGNED

Cathedral St., Annapolis, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Glen Burnie, Md.

Carling & Traces

(County)

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05362

CERTIFICATE OF DEATH

05356

PLACE OF DEATH									
	H			2. USUAL RESIDI	NCE (Where de	ceesed tived, If i	nstitution: Reside	ence before	e dmissi
	NNE ARUNDEL		MARYLAND	e. STATE MAR	RYLAND	b. COUN	ANNE	ARUNDE	CL
b. CITY OR TOWN	if outside corporate limits	,   c. LENGT	TH OF STAY IN 16	c. CITY OR TOW	N (If outside corp	orate limits, write			
write RURAL and	give nearest town)		do	V DIII	DAT TA				
d. NAME OF HOSPI	TAL OR INSTITUTION (if		day streat address)	d. STREET ADDRE	RAL - Edi	Seweret.			RESIDEN
	lel General	Hospital		Rt-		-378			A FAR
NAME OF DECEASED	First		Middle	Lest	4. DATE OF	Month	Da	y Ye	er
(Type or print)	Willi			MC CARTER	DEATH	May		17 19	62
SEX	6. COLOR OR RACE	7. MARRIED X NEVE	R MARRIED   8	B. DATE OF BIRTH	9	AGE (In yeers last birthday)	Months   Days		R 24 H
Male	White	WIDOWED _	DIVORCED _	July 5. 189	99	62 yrs.	Monns Days	Hours	Will
B. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired		SINESS OR INDUSTR	RY   11. BIRTHPLACE (C	ounty & Stete, or	foreign country)	12. CITIZEN	OF WHAT	COUNT
Prop.	orking me, even it temes	Mariana		Mary:	land		U.	S.	
FATHER'S NAME				14. MOTHER'S MAID					
Thou	mas A. McCar	ter		Anni	e Porter				
WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES?   16. SOCIAL SE	CURITY NO.   17.	INFORMANT	FOLUEL	Address			
s, no, or unkown) (	If yes give wer or detes of sea	vice)			4 2 4 7 7 7				
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	DEATH (Enter only one of H WAS CAUSED BY:	11		,	- Nadamar	1	1 3	DISET AND	DEATH
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200. ACCIDENT W	MEDICAL EXAMINER)	20d. INJURY OC	CCURRED   2De. PLA	ACE OF INJURY (Home,	in Pert I or Pert I		(County)	11.5	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) . COUNTY Baltimore City Anne Arundel Maryland MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) 2 2 mos.13 days Baltimore Crownsville Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Crownsville State Hospital 1430 Carroll Street completely papers. 3. NAME OF Middle DATE Month DECEASED OF (Type or print) 3-#23450 McDonald DEATH 28 1962 Leon carbon With 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Male Negro 1903 59 WIDOWED T physician remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) South Carolina U.S.A. Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack McDonald Katie ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or detes of service) Unknown Hospitan Records Unknown permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) wid hemorrhage DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T use prior 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of ilem 1B.) 0 OR CONTRIBUTING CAUSE OF DEATH ---------(IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) Month, Day, Year factory, street, office bldg., etc.) While \_\_\_NoLWhile at work at work CIOR ....., 19.62 thef (I) (we) last (I) (this haspital) attended the deceased from 3/15 62, and that death occurred at. 2.M, from the causes and on the date stated above. 22e. ATTENDING STAFF MED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. McHenry Lionel ector, Crownsville State Hospital, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23 d. LOCATION (City, town or county) (State) ÷ 6/3/62 0 Summerton, S.C. Summerton 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Thank 1SM 7/61

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requires that

hospital

MARYLAND STATE DEPARTMENT OF HEALTH

Trust / L. star S. c

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DEPOSITE A SERVICE AND A SERVICE.

## TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. 10 FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleased emove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed

VR A15 (4)

MARY	LAND	STA	ATE	DEP.	AR	<b>IMEN</b>	T OF	HEALT	H
 					-	14/ P.P.	CTON		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0535805364

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
4	Anne Arundel Maryland	a. STATE Maryland b. COUNTY Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Annapolis  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Annapolis 1 hr.  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	RHRAL - Shadyside
1		ON A FARM?
	Anne Arundel General Hospital	Avalon Shores YES NO 🗷
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Herman John	MEYER DEATH May 8 1962
1		3. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
L	Male White WIDOWED DIVORCED	Aug 10 1886 73 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. SIRTHPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	Oil Burner Mechanic Heating	ST. Louis, Missouri
	T 1 Man 2 2	14. MOTHER'S MAIDEN NAME
-		Weber Address
1	(Yes, no, or unkown) (Ifyes give wer or dates of service)	THE C MEYER SHADYSIDE MD
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Ongestive hear	t failure Onsei and Death
	420.0 DUE TO 2	
	Conditions, if eny, which (b) Certeriosclarate	heart desease years
	geve rise to immediate cause (e), stating the underlying  DUE TO	
	cause last. (c)	V
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	5 Deronch	ial activina YES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING TO OP CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Pert II of item \$B.)
	0	ACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	Hour e.m.  p.m.  19 et work et work	A linear, office bridge, etc.)
	21. I certify that (I) XDOXXXXXXXX attended the deceased from	, 1960, to May 8, , 1962, that (I) ( last
1	saw the deceased alive on May 8, 1962, and that	death occured at
	220. SIGNATURE	ATTENDING MED. STAFF
	Wellard muy MD "	A.D. PHYS. DIRECTOR PHYS. 5/9/62
	22c. PHYSICIAN'S NAME (Type) 11277 and F. Chith M. D.	22d. ADDRESS
	Willard F. Milth, M.D.	Shadyside, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	1 1-1 1/- 241.
	Burial May 10 1862 Wood sield	7010301110
	24 FUNERAL DIRECTOR'S SIGNATURE GELLEVILLE UNI	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	proceed providing	1 5 '62 when S. Thank

PHYSICIAN: The law requires that the death certificate be TO HOSPIAL OR ATTENDING PHYSICIAN:
death. 16 4 may be retained by the hospital or a
TO FUNITAL DIRECTOR: After this certificate ha
director, page 3 should be detached for use as the b
be filed with the State Dept. of Health prior to buria VR A15 (4) 15M 7/61

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	and c	arboi	Attended
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	physi	Fem.	-
	ding	please	-:
	aften	Then I	-
physician.	/ the	nit. ]	-
ysicia	ed by	pern	-
affending physician.	is been signed by the attending physician and completely filled in by the funeral	burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	of cromption of the state of th
tendi	beer	urial-	Cros
(0)	S	0	-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05365 CERTIFICATE OF DEATH 05350 05359

1. PLACE OF DEAT	гн			2.	USUAL RESIDE	NCE (Where	deceased lived,	f institution: Re	sidence befo	ore edmission)
a. COUNTY	Anne Arundel	L	MARYLAN	D 0	a. STATE Mar	yland	b. CO		runde.	1
write RURAL as	(if outside corporete limind give nearest town) DOLIS	ts, c	LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outside co		ite RURAL end	give neerest	lown)
	PITAL OR INSTITUTION (	f not in bosnita	l missa chand address.		d. STREET ADDRES	A			Lai	S RESIDENCE
	Arundel Ger			1		ing Fo	rest.			ON A FARM?
3. NAME OF	First		Middle		Last	4. DATE		ith		Yeer
(Type or print)	Charl	les	R		MORGAN	OF DEAT				19 62
5. SEX	6. COLOR OR RACE		NEVER MARRIED	] 8. D.	ATE OF BIRTH	1	9. AGE (In yee	IF UNDER 1 Y		IDER 24 HRS.
Male	White	WIDOWED [			5-23-14	6. 3	last birthday		ays Hour	rs Min.
10a. USUAL OCCUPA	TION (Give kind of work	10b. KIND	OF BUSINESS OR INDU	JSTRY 1	1. BIRTHPLACE (Con	unty & State,	or foreign countr	)   12, CITIZ	EN OF WHA	AT COUNTRY?
done during most of W	vorking life, even if setire	d) EV RA	4.	1	Machine	ton D				
13. FATHER'S NAME	0007	14 NEC	men	1.14	Washing MOTHER'S MAIDER		.0.			
20,0	0 0 ms	al no			M 1157	+0 1	31000	0-		
15. WAS DECEASED F	VER INTE ADMED FOR	CES 14 50	CIAL SECURITY NO. 1.1	7 INIE	DRMANE	Ke 1	Addre	eey		
	VER IN V.S. ARMED FOR	ervice)	CIAL SECORITI NO. 1	/, AIME	-0	-3 D		ss /		
Mes	world Was				Hospit	al Rec	ords		7/19	
	DEATH [Enter only one	0							ONSET AN	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CERE	BRAL	ED	EMA				12 H	
32LLV	DUE TO	F-1 7-								
Conditions, if an	v which \	HYPE	RTENSIO	N	ESSENTT	171			3 1	105
gave rise to imme	diate cause	111111	CIRITAD	-					0	
(a), steting the	underlying DUE TO									
cause last.	) (c)									
PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CONTRI	BUTING TO DEATH BUT	NOT RE	LATED TO THE TERM	AINAL DISEAS	SE CONDITION G	IVEN IN PART 1		REORALED?
3 CIRRIT	515 OF 1	IVER	· Puhm	ON	ARV E.	DEMI	4-		YES -	NO 🗌
OR CONTRIBUTING	VAS UNDERLYING GATH Y MEDICAL EXAMINER)		BEHOW INJURY OCCU		ter neture of injury i	n Pert I or Per	t II of item 1B.)	0.511.5		
	1									
20c. TIME OF INJ	URY Month, Day, Yea	While	JRY OCCURRED   20e. Not While		OF INJURY (Home, fe street, office bldg., e		City or town)	(Count	γ)	(Stete)
p.m.	19	at work	el work	511						
21. I certify	that (I) (this hospit	al) attended	the deceased fro	m/	JAW	1967 1	. J.6 M	2.4 196	that (I	) (we) last
The state of the s	sed alive on	9/00	2 19.6.2 and 1	hat de	ath occured at	M, fro	om the causes	and on th		
226. SIGNATURE	PHIALL	11	Bost-	/	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		5/2	22b. DATE
Q2c PHYSICIAN		970		M.D.	22d. ADDRESS	DIRECTOR			1/2	0/00
NAME (Typ	el Edward S.	Beck,	M.D.		73	Frankl	in Street	et, Anna	apolis	, Md
23a, BURIAL, CREMA	TION, 23b. DATE THER	EOF 2	NAME OF CEMETE	RY OR			CATION (City, 1			(State)
BMOVAL (Specifical	" 5-28	1962 (	Orlington	2	atronal	Us	lenge	on	2	Va
24 FUNERAL DIRECTO	OR'S SIGNATURE	Car	ADDRESS	0	ma 25a. R	EC'D BY REG	ISTRAR 256. R	EGISTRAR'S SI	GNATURE	
John	off, vagues	- Core	Comoge	-60	DATE	MAY 2 0	62	011-1	2 /-	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05360 05366 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence, before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES T NO R NAME OF First Middle 4. DATE Last Month Day Year DECEASED DEATH (Type or print) 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years FUNDER TYEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED | DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CATION PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. 21. I certify that took sharge of the remains described above, held on Autopsy ... Inspection T. Inquiry Suicide . Homicide . deoth resulted from: Noturol couses Accident . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 0 0 SIGNATURE ASSISTANT MEDICAL EXAMINER · LIN haredt **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL-CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) Cirilwa S. Thous DATE SM 9/55

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Give

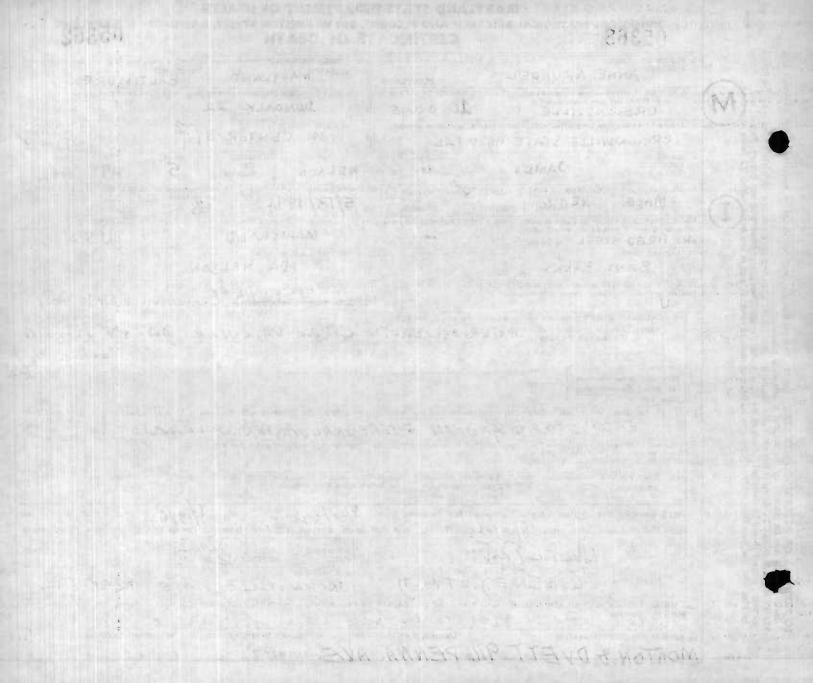
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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution; Residence before admission) y is necessary, I director. Page or your files. e. COUNTY Anne Arundel Health, Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Brooklyn Park 2 hours Brooklyn Park . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS for Boa ON A FARM? funeral /\$20 Holy Cross Rd. retained he State B Pitt. 5500 Block. BelleGrove Rd 420 YES NO K Old Gravel death. 3. NAME OF Month Middle DATE Yaar Last Day death. If any DECEASED OF the May 6th (Type or print) DEATH 62 19 Dennis Wayne Neilson ould be executed within 24 hours after death. If 'in pencil in Item 18. Give Pages 1, 2, and 3 to to Office along with form PM3. Page 5 may be returial-transit permit. File pages 1 and 2 with the moval, and in any event, within \$2 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX last birthdey) Months Hours 9 WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Cumberland, Md. Usa Attending shhool 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia L. Williams William I. Neilson Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive wer or detes of service) William I. Neilson (father) No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Accidental drawning IMMEDIATE CAUSE (e) DUE TO removal te should b Conditions, if eny, which "pending" i gave rise to immediate causa m DUE TO (a), stating the underlying SE Examiner' ò cremation, or MEDICAL EXAMINER: This certifical cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical Estrolla be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating NO TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Port II of item 18 his pail he fell in the 20a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING CAUSE OF DEATH. Was fishing and his fish pail fell in the water in trying to water of the control MEDICAL 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While et work el work Brooklyn 30 P M. 5/6/62 Gravel Pitt Park. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Y and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5/6/62 DEPUTY MEDICAL EXAMINER & NAME (Type) Gustave H. Faubert, M.D. pluods Glen Burnie Md. Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Cedar Hill Cemetery Q40 p Burial Pry Baltimore 25, Ma. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR would S. There '62 VS. AISME Elen Burnie, Md. SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

. D. BURNOTT LON AND COLUMN WEST STREET, SOLD DORS, IN C. TAVARIANTE ALL MINISTERIOR ATTENDED TO THE RESERVE OF THE PARTY OF THE to the life about the life in The sold innoticed Control for and to he had the class of the parties and Buriel 5/9/62 Cedar Hill Cemetery Belithore 2. In. Hopping and Mirkley, Alen burnie, Md. M.

1	T		DIVISION 0536	OF STATISTICA		ARCH AND RE	CORDS	PARTMENT, 301 W. PREST E OF DEAT	ON STREE		ORE 1, MAR	362	
urs after ne funera 2 should	ė 🦳		PLACE OF DEAT	HE ARUNDI	EL	MARY	LAND	a. STATE MAR	NCE (Where de	b. COUN			n)
hin 24 ho ed in by the	M		CRO U	(if outside corporate limed give neerest town)  NSVILLE  ITAL OR INSTITUTION (		c. LENGTH OF STA	15	d. STREET ADDRESS	DALK .	22	e RURAL end give	e. IS RESIDENC	
cuted oletely fill apers. Pa	72 hours		NAME OF DECEASED	SVILLE STAT		SPITAL Middle		Last NELSON	A. DATE OF DEATH	Month 5	h Day	YES NO	_
and comported to the search of	T		(Type or print) SEX MALE			D NEVER MARRIE		5/13/189	A P		IF UNDER 1 YEAR Months Days	19 6 2 IF UNDER 24 HR: Hours Min.	-
certificate shysician remove	À À À	do	ne during most of w	TION (Give kind of work orking life, even if retire STEEL WORK	ed)	IND OF BUSINESS OR	RINDUSTRY	MAR	YLAND			SA.	ξY
ending p	and in		BEN	BANKS VER IN U.S. ARMED FOI	RCES?   16.	SOCIAL SECURITY N	O.   17. IF		A NEL				-
ian.  y the att	removal		B. CAUSE OF	(If yes give war or detes of s DEATH [Enter only one	e cause per l	line for (e), (b), and (c	16	TUD	orns .	CROWN	SYLLE STA	TERVAL BETWEEN NSET AND DEATH	4
w require ng physic signed k ransit per	nation, or		422,1 Conditions, if en	TH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO		ERLOSCLER	Roile	CARDIO-	VASCUL	AR y	MEASE	Ruown l	8
r. The last attending the burial-	urial, cre		(e), steting the cause last.	diete cause underlying DUE TO									f.
rsicial of spital of serificate use as if	d of roin	FICATION	2H	ER SIGNIFICANT CONDITION OF THE SIGNIFICANT CONTRACTOR OF THE SIGN	N 541	VDROU à	CER	RELATED TO THE TERM  EBRAL AT  [Enter neture of injury is	RTERIB	SOLER		19. WAS AUTOPS PERFORMED? YES NO	
NG PHY by the lifer this ched for	Health g	MEDICAL CERTIFICA	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	er   20d.	INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fary, street, office bldg., e	irm,   20f. (City		(County)	(Stete)	
TTENDI retained TOR: A	Dept. of	WED		that (I) (this hospi		ded the deceased	d from	4/30/67	19, to.			that (I) (we) la	
OR A DIRECT Should	he State		saw the decea	Alexander	Dr.[	219, a	and that	ATTENDING	MED. DIRECTOR	STAFF _	and on the d	22b. DATE SIGN	
JNE ALL	with /		22c. PHYSICIAN'S NAME (Type	。 止语	NEZ	) icTM.	2	22d. ADDRESS CROWNS	NiUE	STATE	- Hos	PITAL	
TO HO death TO Fu			REMOVAL (Specification)  FUNERAL DIRECTO	2 5-24	reof 1-62	23c. NAME OF CI		ik Com	fort	ATION (City, to	o · Va	(State)	
VR A15 (4 15M 7/61		A	ORTON	DOVET	T 9	16 PENI	VA-	AVE. DATE			when & the		



## FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deligible executed certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages, I and 2 with the State Board of Health, ar its designated agent, prior to buriof, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 05369

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05363

Reg. Dist. No.

PLACE OF DEAT	H			2	. USUAL RESIDENCE	(Where deceo	sed lived. If inst	itutian: Reside	nce before	(noissimbo
Anne Ar	labrur		MARYLAN	0	o. STATE Maryaa	nad	b. COUN	NTY	del-	V
	N III outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN					est fown)
Glen F			Few hours		With Bal	timore	26		3 V D	1.4
	SPITAL OR INSTITUTION (	f not in hos	pital, give street address)		d. STREET ADDRESS				e.	IS RESIDENCE
Marley	Creek				2121 Hawk	ins Ro	int Rd.		Y	ON A FARM?
3. NAME OF DECEASED (Type or print)	Firs		Middle		Lost	4. DATE OF DEATH	Mo		Day	Yeor 1962
5. SEX	Steven Noca		D NEVER MARRIED	0.00	ATE OF BIRTH	DEATH	9. AGE (In years	IFUNDER	IVEAR IS	UNDER 24 HRS.
M	W	WIDOWEL		6.0		194	last birthday)	Months	-	aurs Min.
during most of w Fishe	PATION (Give kind of wark of orking life, even if retired) PMAN	one 10b. K	IND OF BUSINESS OR INDU	STRY		more M			ZEN OF W	HAT COUNTRY?
13. FATHER'S NAM	E /	0		14	. MOTHER'S MAIDEN	NAME	2	)		
	a last	11			1/	- (es.	1 .			
15. WAS DECEASED	DEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFO	RMANT	. 2 - 0	Addre	144		
(Yes, no, or unknown)	(If yes, give wor or dates of s			1117					Chan	+ D1-7
Wor			the state of the s	Mir.	Anthony Bu	tner (	nepnew)	+U43 V		
	DEATH [Enter only one cause									BETWEEN ND DEATH
PARI I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Acc:	idental Drawn	ing					5	Sudden
929	· 8 DUE TO									
Conditions,	if any, which) (b)									
	nmediate cause									
cause lost.	ne underlying									
	OTHER SIGNIFICANT COND	DITIONS CO	INTRIBUTING TO DEATH BU	INOI	PELATED TO THE TER	MINIAI DISEAS	E CONDITION O	IVEN IN DAR	T 1/2/10 1	A/AC ALITORCY
2					NED TO THE IGH	MITTINE DISERS	E COMBINOIT C	ZITEIN IIN TAK	F	ERFORMED?
S CO. EVICENIA	Caller Was	DECCRIO		15.					YES	□ NO 🔀
CAUSE OF DEA	CONTRIBUTING [		e How INJURY OCCURRED. witness, decea					the Cre	eek.	
20c. TIME OF I	NJURY Month, Doy, Yea	r 20d. I	NJURY OCCURRED 20e. P	LACE (	OF INJURY (Home, for	m, i 20f. (City	or lown)	(Cou		(State)
Haur a		While			ley Creek		en Burn	ie A A		Md.
	JWII									
	y that I took charge			-					,	and in my
apinian de	ath resulted from: N	Aptural a	causes, Accident	X,	Suicide,	Hamicide	, Unde	termined r	nanner	
	1.	15								ATE SIGNED
ACTUAL SIGNATURE	Gusteri N	the	chestria.	M	.D. CHIEF MEDICAL	EXAMINER [			D.	WIE SIGNED
					ASSISTANT MEDI	CAL EXAMINE	R 🗍	5/7/62		
EXAMINER'S NAME (Type)	Gustaye H.	Fauh	ert.M.D.		DEPUTY MEDICAL	L EXAMINER T		, ,	Md_	
	ATION 1226 DATE THEREO		22c. NAME OF CEMETERY O			-	TION (City, town			(Stote)
	12/1/6		ADDRESS		10.					
23. FUNERAL DIREC	TOR'S SIGNATURE	I. 2	ALL KESS			C'D BY REGIST		GISTRAR'S SIG		
ich fere	29-13- €:	cas	C=7,		DATE	MAY 9	'62	when d	1. Firmen	

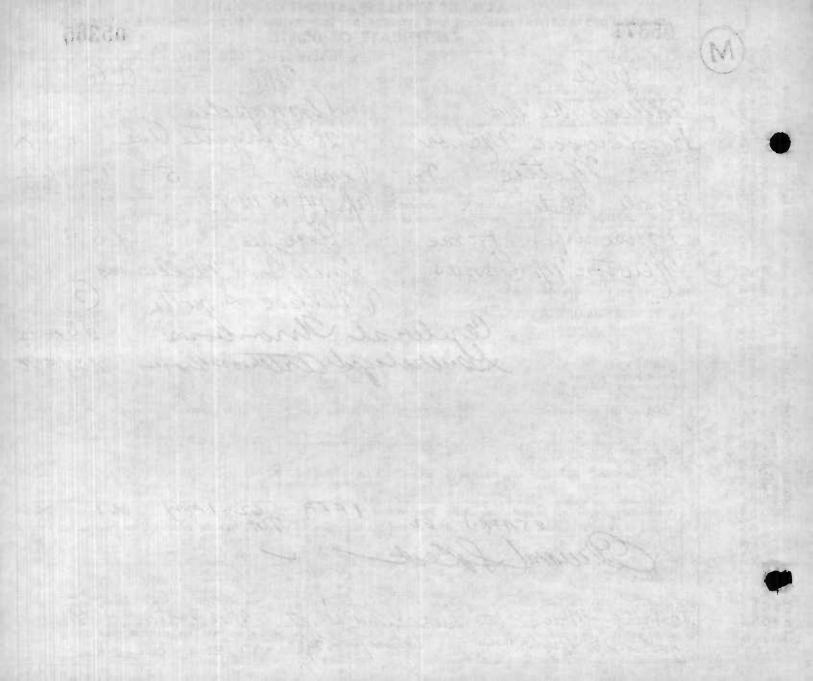
STATE OF THE PROPERTY OF THE PARTY OF THE PA

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05370  CERTIFICATE OF DEATH
M September 1	1. PLACE OF DEATH  a COUNTY  Anne Arandel County  MARYLAND  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b)  c. CITY OR TOWN (if outside corporate limits, write tural end give nearest town)
Pages 1 av urs after de	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give styles address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM
mpletely papers.	3. NAME OF DECEASED (Type or print) hucy - Owen DEATH 5 4 1962
and and with	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B. DATE OF BIRTH     9. AGE (In yeers last birthday)
g physician ase remove in any even	Hone during most of working life, even if relired)  Baltmore Md  U, S.A  13. FATHER'S NAME
Then ple oval, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, grunkown) (Ifyesgivewerordelesofservice)  Nartha Peyton 2136 Walbrook Are
ed by the permit.	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  My & cardial Infaret  IMMEDIATE CAUSE (e)
has been sign e burial-transi ırial, crematiou	Conditions, if eny, which goverise to immediate cause (e), stating the underlying cause last.  DUE TO  Cardiovascular Disease  Ryears  (c)
is certificate for use as the prior to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED?  EKG revealed evidence of previous posterior in part 1 or Pert II of item 18.)  YES NO IN 12.  OR CONTRIBUTING CAUSE OF DEATH OF THE THE PROPERTY OF THE PROPERTY O
t: Affer the detached of Health	20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 20d. INJURY OCCURRED Fectory, street, office bldg., etc.) while st work at work at work
RECTOR	21. I certify that (I) (this hospital) attended the deceased from 5-22, 1957, to 5/4, 1962, that (I) (we) la saw the deceased alive on 5-7
page 3 sh with the Si	220. SIGNATURE  ATTENDING MED. STAFF SIGN  22c. PHYSICIAN'S NAME (Type)  ATTENDING MED. DIRECTOR PHYS.   22d. ADDRESS  22d. ADDRESS
director	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Igwn or county)  REMOVAL (Specify) 5 9 6 2 The Gullium Ballimel 13d.  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25B. REC'D BY REGISTRAR'S SIGNATURE
A15 (4) M 7/61	A. Mc P Rimmon 2 30 2 NORTH AVE DATE MAY 8 '62 Chilling & Though

NEF.BO

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If Institution: Rasidance before admission) PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITYOR TOV utsida corporeta limits, writa RURAL and giva nearast town) write RURAL and give namest town) INSTITUTION (if bot in hospitel, give street addrass) a. IS RESIDENCE d. NAME OF HOSPITAL OR ON A FARM ON YES etely NAME OF Middla Month Dev Yan: DECEASED DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX GOLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Doys Hours WIDOWED X DIVORCED [ USUAL OCCUPATION (Give kind of work CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY CE (County & State, or foreign country) 12. duging most of working life, even if retirad) 13. FATHE U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I (Yes, to, or unkown) | (If yas giva war or dates of sarvica) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Homa, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20f. (City or town) factory, straat, office bldg., atc.) Not While While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from I FEB 62 and that death occurred at 1.35M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATI ATTENDING SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/6D arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05372 CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence belorg admission) a. COUNTY a. STATE b. COUNTY by the Anne Arundel MARYLAND Maryland Wicomico dear b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) þ write RURAL and give nearest town) = Crownsville 1 mo. 2 days Pages Salisbury Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? Crownsville State Hospital YES NO X completely 3. NAME OF Middle Month Day DECEASED OF (Type or print) 3-#23529 Benjamin Perry DEATH 19 62 withir carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Days Min. Hours Male Negro WIDOWED DIVORCED February 9, 189 65 YTS. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Maryland U.S.A. Laborer please 13. FATHER'S NAME .= 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the Addrass (Yes, no, or unkown) | (If yes give war or dates of service) the Yes Unknown Hospital Records Unknown permit. 18. CAUSE OF DEATH [Enter only ona causa par lina for (a), (b), end (c).] INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) burial-transit DUE TO · S affending Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating tha underlying causa last certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? use prior NO T 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY O CCURED. (Enter natura of injury in Part t or Part II of itam 18.) for OF CONTRIBUTING CAUSE OF DEATH ------(IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ATTENDIN factory, straat, offica bldg., atc.) While Not Whila at work af work DIRECTOR: p.m 19.62 that (1) (we) last 21. I certify that (I) (this hospitel), attended the deceased from.... ., and that death occured et P. M., from the causes and on the date stated above. 62 19 saw the deceased alive OR may 22b. DATE 22a SIGNATURE 5/8/62 SHED ATTENDING STAF PHYS. DIRECTOR X PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS Benedict NAME (Type) Crownsville State Hospital, Maryland filed v HOSE 23a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF (Stata) - B B auch REMOVAL (Spacify) 10 10 24 FUNERAL DIRECTOR'S 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 4 VR A15 (4) Clothur S. Thank DATELY 1 4 '62

nagan A 1 . morning to the think 122 - Low school of the state of the sound requires that the death certificate be executed within 24

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TO HOSPLAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

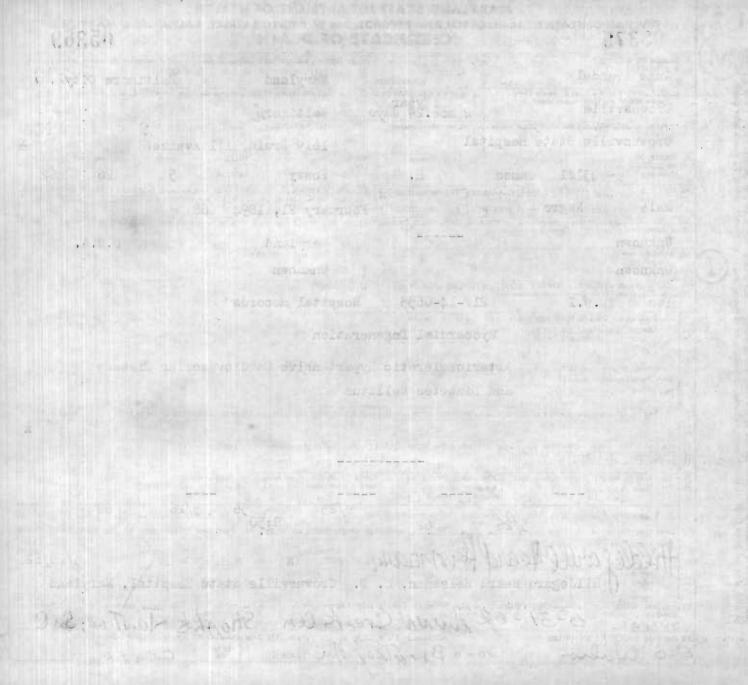
S > TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

. PLACE OF DEAT	гн			11	2. USUAL R	ESIDENCE	(Whera d				dence befo	re admissio
Anne Arun	del		MAI	RYLAND	Mary I	and			OUNTY			
b. CITY OR TOWN	(if outside corporate limi	ts,	c. LENGTH OF			TOWN (If o	utside con				ive nearest	town)
	nd give nearest town)		70.0		-					124	1.7	
Annapolis d. NAME OF HOSE	PITAL OR INSTITUTION (	if not in hos	32 Day	S ddress)	d. STREET					000	1 6. 1	RESIDENC
												N A FARM
S. Naval	Hospital First		Middle		803 I	rafal	ger K	oad	Aonth			Year
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(Type or print)	Char		Parke		PORTER			Δ	MY	In then a ve	100	19 62
. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MAR	RIED 8.	DATE OF BIRTH	1	1	AGE (In y last birthd		UNDER 1 YE		DER 24 HR: Min.
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	TION (Give kind of work vorking life, even if retire		IND OF BUSINESS	OR INDUSTRY	11. BIRTHPLA	CE (County	& State, o	foreign cou	ntry)	12. CfTIZE	N OF WHA	T COUNTI
CDR	voiking the, even if feille	(4)	USN R	ET	Jeffe	erson.	Ohlo			U	SA	
. FATHER'S NAME					14. MOTHER'S							
Frank See	ley Porter				Fanni	e Trav	110					
. WAS DECEASED E	VER IN U.S. ARMED FOR		SOCIAL SECURITY	( NO.   17. IN	FORMANT	6 11 0	713	○ Ad	dress		~	
	(If yes give war or dates of s	ervice)		1	1 are	40 1	0	1000	tan	(	2)	
Yes	WW-1 & 2							4 ( / / )	1			
	DEATH Enter only one	cause per l	line for (a), (b), en	d (c).)	1001	ue v	1= .				INTERVAL	BETWEEN
	DEATH [Enter only one TH WAS CAUSED BY:	Cause per l	line for (a), (b), end	d (c).)	Par		1= .	H 0	1		INTERVAL ONSET A	
		Car per	line for (a), (b), end	a of H	he Pau	Wea	i wi	th a	ښ	5		
	TH WAS CAUSED BY	Cause per	CULOTO	a of H	he Pau	Woo	i un	th I	ښ	<i>y</i>		
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MARYLAND STATE DEPARTMENT OF HEALTH

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel the od 2 Maryland Baltimore City MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Crownsville 2 mos. 29 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO 1619 Druid Hill Avenue pletely 3. NAME OF Middle DATE Month Year DECEASED OF (Type or print) 3-#23141 H. 1962 Posev DEATH 26 James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Male WIDOWED [ DIVORCED February 21, 1894 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Unknown Maryland U.S.A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Dageneration IMMEDIATE CAUSE (e) DUF TO Arteriosclerotic Hypertensive Cardiovascular Disease gave rise to immediate cause DUE TO and Diabetes Mellitus (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO IC use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (State) 20c. TIME OF INJURY Month, Dev. Yeer (County) fectory, street, office bldg., etc.) While Not While at work DIRECTOR 62 that (I) (we) last ed the deceased from 0/2) 19 00 to 0/20 19 00, that (I) (we) last 19 62, and that death occurred at 3. M, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on. 3/20 22b. DATE ATTENDING X PHYS. DIRECTOR PHYS. 22d. ADDRESS Hildegard Heard Reissman. M. D. Crownsville State Hospital, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) å å 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 DATE



TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed that he hours after death.

A may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Tatha should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours please.

	05378	OF STATIST	CAL RESE	CERTIFIC	ORDS, 3	OF DEATH	N STREET,	BALTIMO	RE 1, MAR (15	370	
	PLACE OF DEAT	rh A	MANA	1000 / 10	2.	OSUAL RESIDEN	ce (where dec yland	b. COUN		ence before	edmission)
	write RURAL e	l (if outside corporete nd give neerest town brooklyn	e limits,	c. LENGTH OF STAY		c. CITY OR TOWN (	If outside corpo	rete limits, write	RURAL end giv	e neerest to	wn)
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	NAME OF DECEASED		First	Middle	D 77	Last	4. DATE OF	Month	De	y Yee	or -
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٥.	SEX M	6. COLOR OR R		ED NEVER MARRIED		2 - 3 - 96	9.	AGE (In yeers less birthdey)	Months Deys	-	Min.
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MEDICAL	20c. TIME OF IN. Hour a.m.		y, Yeer 20d Whi	leNot While	20e. PLACE ( factory,	OF INJURY (Home, fern street, office bldg., etc	n, 20f. (City	or fown)	(County)		(Stete)
	21. I certify			nded the deceased		th occured at?		may the causes	/		-
	22e. SIGNATURE		29	Glora M	P	ATTENDING_	MED.	STAFF PHYS.			SIGNED
	22c. PHYSICIAN'		s J. Gl	ass, M. D.	M.D.	22d. ADDRESS	atapsco		# 25		
238	BURIAL, CREMA REMOVAL (Specif	(V)	THEREOF	23c. NAME OF CEA	HETERY OR		123d. LOCA	TION (City, town	on or county)	1206	itete)
24	PUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS		2Se. REC	20000 0 -	RAR 25b. REG			prie F
	CITELLY	ere Lillo	mes 13	20 30 M	<u>10)</u> 6	DATE	MAY 18	62	Asthur S.	Krases	

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE by the MARYLAND b. GITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OK TOWN III outside corporete limits, write RURAL and give neerest Jown) write RUBAL and give nearest tow 242011 5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10 00 € YES NO completely NAME OF DATE Day First Middle Last 4. Month Yeer DECEASED 62 BEWSAMIN MEBSTOCK DEATH (Type or print) 19 pon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE/In year IF UNDER 1 YEAR IF UNDER 24 HRS. and bighday) Months Days Hours WIDOWED 1 DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County &/State, offoreign country) 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY done daring most of working life, even if retired) ACDERTE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or wnkown) | (If yes give war or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per fine for (e), (b), end (c) ONSETAND DEATH PART I. DEATH WAS CAUSED BY: huemen hay IMMEDIATE CAUSE (e) has been signed he burial-transit DUE TO affending Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION as PERFORMED? NO T prior CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) After this ce 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH Health detached WEDICAL 20e. PLACE OF INJURY (Home, ferm. (County) (State) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc. While Not While Hour a.m. et work at work DIRECTOR: p.m Pe 1904 to 6 19.05 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... 6219....., and that death occured a.... should ...M, from the causes and on the date stated above 22b. DATE 22e. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FILIPLO ector, 140006 FUN 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, town or county) CREMATION, 23a. BURIAL THEREOF F. 5 0 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Land & Thouse

ithin 24 hours after

certificate

death

law requires that the

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	1. PLACE OF D	EATH	-				TE OF DEA		deceased lived. H	Institution: Resi	dence befo	re edmission
VI	Anne	Arundel				ABYLAND	a. Slate Marylan	A	b. COUN	YTY		
1	h CITY OF TO	WN /if outside a	orporate limit	s,	c. LENGTH O		c. CITY OR TOWN	(If outside cor		rcester	ive neerest	town)
1	Crown	sville	st town)		4 mos.	2 days	Ocean C	ity		2:	3 Y -	2.
0		OSPITAL OR INS					d. STREET ADDRES	S				S RESIDENCE
	Crown	sville S	tate I	lospit	tal		Unknown					NO T
1	3. NAME OF DECEASED		First		Midd	lle	Last	4. DATE	Montl	1	Day	Yeer
1	(Type or print)	3-#23216		ola			Reddick	DEAT	H J	5	17	1962
	5. SEX Female	N	egro	WIDOWE	parated		March 21. 1		9. AGE (In years last birthday) 30 yrs.	Months De		DER 24 HRS.
	10a. USUAL OCC done during most	UPATION (Give	kind of work	10b. K	IND OF BUSINES	S OR INDUST	Y 11. BIRTHPLACE (Co	unty & State, o	r foreign country)	12. CITIZE	N OF WHA	AT COUNTRY
	Do	mestic					North		a	U	J.S.A.	-
	13. FATHER'S NA	ME					14. MOTHER'S MAIDE	N NAME				
		arlie M					Lulu					_
	15. WAS DECEAS (Yes, no, or unkow	n) (If yes give we	ARMED FOR	rvice)	SOCIAL SECURI	TY NO. 17.			Address			
	Unknown	0.0000000000000000000000000000000000000			Unknown		Hospital Re	ecords				
		OF DEATH [En			aralytic						INTÉRVAL ONSET A	
	gave rise to in (e), steting to cause fast.	eny, which mediate cause he underlying	(b)_ DUE TO				ruction of					
2	PART II. C	THER SIGNIFICA	NT CONDIT	IONS CON	TRIBUTING TO I	DEATH BUT NO	OT RELATED TO THE TERM	NINAL DISEASE	CONDITION GIV	VEN IN PART 1(		RFORMED?
		TING CAUSE OTIFY MEDICAL	OF DEATH	20b. DES	CRIBE HOW INJ	URY OCCURED	(Enter nature of injury i	n Pert I or Pert	II of item 18.)			
	20c. TIME OF	INJURY Mor	19 19	While	Not While		CE OF INJURY (Home, fa Pory, street, office bldg., e	tc.)	ty or town)	(County	)	(Stele)
	Ž		A	N	dad the dage	ased from.	1/15	19.62 to		, 1962	that (I	) (we) las
	21. I cert	fy that (i) (t	his hospit	al) attend	Jed Illy dece		5	. 4()			date of	
	21. I certificate saw the de	ceased dive	his hospit	17	///1963	, and that	death occured a.	M, from	m the causes	and on the		
	21. I certificate saw the de 223 SIGNAT	ceased dive	his hospit	17	1/1963		death occured and	MED.	STAFF	and on the		
	21. I certificate saw the de 223 SHRNAT	Ceased Mive	his hospit	17 My /	1/1963		death occured at ATTENDING PHYS.			and on the		
	21. I certificate saw the de 223 SIGNAT	URE AN'S	TO S	17 Henry	1/1963		death occured an  ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR [	STAFF PHYS.		5/1	225. DATE .7/62
/	21. I certification of the saw the de 223 SHSNAT	Ceased divergence of the control of	TO S	My /	1963 Mapp, M	. D.	death occured an  ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR [	STAFF	ial, Ma	5/1	7/62

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## **DEUNESAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. rs after death. Page.4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

VR A1S (4) 1SM 9/S9

05380

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05374

/		1. PLACE OF DEATH O. COUNTY O. STATE	ESIDENCE (Where deceased lived. If institution: Residence befare admission)  b. COUNTY
		b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY C	R TOWN (If outside corporate limits, write RURAL and give nearest town)
		, RURAL and give nearest tawn)	le sed in Roll Mark
,	1	d. NAME OF HOSTITAL (If not in haspital, give street oddress)  d. STREE	T ADDRESS e. IS RESIDENCE
		OR INSTITUTION	ely 6 0 YES NO NO
	=	3. NAME OF First Middle	7
		3. NAME OF DECEASED (Type or print) 7 10 0 (1) In tolor Region	Losy OF Month Day Yeor OF DEATH 5 - 2 7 196 2
	S. 5	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF B	last black last
		Le WIDOWED DIVORCED DO	24 1879 Streethdoy) Months Days Hours Min.
	10o	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT dyring most of working life even if retired)	HPLACE (Staty or) foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Housewife Home a	30 Olivore U.S.
	13.	13. EATHER'S NAME	R'S MAIDEN NAME
T		James 1860 Oliver Mu	is Ddelormes
		15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   6. SOCIAL SECURITY NO. 17. INFORMANT	Address
			WIVER ROPESTER SEVERHA PARIL
		1B. CAUSE OF DEATH [Enter only ane cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	mollingo
		331 X DUE TO 00	
		Canditians, if ony, which) (b) Seu Classon	iosclarose!
		gove rise to immediate cause (a), stating the under-	
		lying couse last. (c)	
1	ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CATION	Y S S S S S S S S S S S S S S S S S S S	YES NO
	CERTIF		e af injury in Port I ar Part II af item 18.)
	CAL		Y (Hame, farm, 20f. (City ar tawn) (County) (State)
	MEDIC	Hour o. m. While Nat while factory, street, o at work at wark	
		21. 1 certify that (1) (this haspital) attended the deceased fram/95	56, 19, to 1962, 19, that (1) (we) last
			red at 12 AM, from the causes and an the date stated above.
	13	220. SIGNATURE	22b. DATE
	-	ATTENT M.D. PHYS.	MED. STAFF PHYS.   5-27 SIGNED
		NAME Type 22d. AD	DRESS
		Toler N. Holm S	everna Jork mel
	230	23a. BURIAL, CREMATION) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR	( 23d. LOCATION (City, town, or county) (Stote)
1	-	BURIAL STARTON STARK	BALLIMARL
40	24.	24. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	i	LIONARY I HUDDOOD IIION WILLIAMS THE	DATE MAY 29 02 Circling 1. Manus

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	05331		CERTIFICAT	L OF DEATH		. 11	0376		
	1. PLACE OF DEAT	Н		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission a. STATE 36. COUNTY A					
1		nne Arundel	MARYLAND	Maryl	and b. cook	Anne A	rundel		
	b. CITY OR TOWN write RURAL en	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporata limits, write	RURAL and giva	neerest town)		
	Annap	olis		10 Annap	olis				
			ot in hospitel, give street address)	d. STREET ADDRESS	diana Dlass		ON A FARM		
-	3. NAME OF	el General Ho	OSPITAL		dison Place	Dev	YES NO X		
	(Typa or print)	Wanda 27		ROBINSON	OF DEATH May		1962		
	5. SEX	6. COLOR OR RACE 7.		DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR			
	W			Vamels 27 1002	last birthday)	Months Days	Hours Min.		
		TION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR	March 31, 1882		12. CITIZEN O	F WHAT COUNTRY		
		orking life, even if retired)	0 17				S		
	13. FATHER'S NAME	ise wife	Own Home	Mary La  14. MOTHER'S MAIDEN NA		0,	.S.		
	Joseph	A. Jackson		Mary Jan	. Ja jean				
-	15. WAS DECEASED EN	ER IN U.S. ARMED FORCES	S?   16. SOCIAL SECURITY NO.   17. I	NFORMANT	Address				
	(Yas, no, or unkown) (	lfyes give wer or dates of serv	ica)	pital Records					
			use per line for (e), (b), and (c).]	proar Records			TERVAL BETWEEN		
		H WAS CAUSED BY:	and Pontin	" me	reardi		ISET AND DEATH		
ı	422	IMMEDIATE CAUSE (e)	may o our	T	veamos		10400		
ı	Conditions, if an	DUE TO	inel	1					
ı	geve rise to immed	iale cause	- July	ucion					
	(e), stating the u	underlying DUE TO	art.	1. to.	CUD		ハゴル		
		R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(e) 1	9. WAS AUTOPSY		
	PART II. OTHE						YES NO		
	200. ACCIDENT W		Ob. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert	I or Pert II of item 18.)	TE MILE			
1									
- 1		MEDICAL EXAMINER)							
		MEDICAL EXAMINER)		CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stete)		
	20c. TIME OF INJU Hour a.m. p.m.	/ MEDICAL EXAMINER)  JRY Month, Day, Year  19	While Not While factor at work et work	ory, street, office bldg., etc.)					
	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Year  19 that (I) (DOCOMESONAL)	While Not While factor at work et work at the deceased from	ory, street, office bldg., etc.)	, toMay 1	3,, 1962, 1	hat (1) (155) la		
	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Year  19 that (I) (DOCOMESONAL)	WhileNot While factor	death occured at	, toMay 1	3,, 1962, 1	hat (1) (15%) la		
	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Year  19 that (I) (DOCOMESONAL)	While Not While factor at work et work at the deceased from	death occured at	, toMay 1 M, from the causes PM	3,, 1962, 1	hat (1) (15%) la		
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	20c. TIME OF INJUNE Hour a.m. p.m. 21. I certify saw the decea 22e. SIGNATURE 22c. Physician's	JAY Month, Day, Year  19 Ithat (I) (Dibobssoid) sed alive onMay.	While Not While factor work 1 attended the deceased from	death occured at  ATTENDING MED PHYS. AZZ DIRE	M, from the causes PM STAFF CTOR PHYS.	3.,, 1962, t and on the da	hat (1) (1) late stated above 22b. DATE SIGNED		
- 1	20c. TIME OF INJUNE Hour a.m. p.m.  21. I certify saw the decea 22e. SIGNATURE	That (I) (DOCOCCOCA)  sed alive onMay.	While Not While factor work 1 attended the deceased from	death occured at  ATTENDING MED PHYS. AZZ DIRE	, to	3.,, 1962, t and on the da	hat (I) (XXX) la ate stated abov		
	20c. TIME OF INJU- Hour a.m. p.m.  21. I certify saw the decea 22e. SIGNATURE  22c. PRISICIAN'S NAME (Type	MEDICAL EXAMINER)  JRY Month, Day, Year  19  That (I) (phobasoid)  sed alive onMay.  Frank M. SM.  TON,   23b. DATE THEREO	While of work Not While of work of work of work 13.  13.  1962, and that M.  ipley, M.D.	death occured at	M, from the causes PM STAFF CTOR PHYS.	3,, 1962, the and on the day	hat (I) (III) la ate stated above 22b. DATE SIGNE		
	20c. TIME OF INJUMENT A.M. p.m. 21. I certify saw the decea 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type	That (I) (DOCOCCOCC)  That (I) (DOCOCCOCCC)  That (I) (DOCOCCOCCC)  That (I) (DOCOCCCCC)  That (I) (DOCOCCCCC)  That (I) (DOCOCCCCC)  That (I) (DOCOCCCCCC)  That (I) (DOCOCCCCCCCC)  That (I) (DOCOCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	while st work Not While st work of work of work Not wore work Not	death occured at	M, from the causes  M STAFF  CTOR PHYS.   al St., Anna  3d. LOCATION (City, local)	3,, 1962, the and on the dependence of the polis, Months of country)	hat (1) (MAX) la ate stated above 22b. DATE SIGNER		
	20c. TIME OF INJUNE Hour a.m. p.m. 21. I certify saw the decea 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type  23a. BURIAL, CREMAT REMOVAL (Specify	That (I) (bibobsois)  Sed alive onMay.  Frank M. SM.  TON, 23b. Date THEREO  May 16, 19	while st work Not While st work of work of work Not wore work Not	death occured at	M, from the causes  M, from the causes  M STAFF CTOR PHYS.   CALL St., Anna  Annapoli BY REGISTRAR 25b. REG	3,, 1962, the and on the day polis, Mowner county)	hat (1) (XXX) lasted above 22b. DATE SIGNED		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death to be retained by the hospital or attending physician

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4 1 2 1 3 1 SPECE MOSENIE SIC. Purale letter at the letter at a second at the second at t .8.0 en le santuration de la company mouting to the towns to was to Jonath A. Jackson STATE OF THE LOSS OF SERVICE Process Statement S.D. 121 Carbours M., Renderlan, R. Taking to the same of the same operate Tune 1 the same and the same and the same and the same time.

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 05382 CERTIFICATE OF DEATH 05378 director, PLACE OF DEATH 2. USUAR RESIDENCE (Where deceased lived. If institution: residence/before admission) filed b. COUNTY MARYLAND funeral uld be fi OR TOWN Of outside corporate limits, write c. LENGTH OF STAY IN 16 c. CIPL OR FOWN (If outside corporate limits, write RURAL and give nearest town) years shauld ME OF HOSPITAL (If not in hospital, give street addiess) IS RESIDENCE ON A FARM? Hom YES NO NAME OF 4. DATE OF DEATH Middle Year DECEASED (Type or print) S. SEX 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years loss biethday) IF UNDER 1 YEAR IF UNDER 24 HRS Doys Months WIDOWED K DIVORCED | 10a. USUAL OCCUPATION/(Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign cauntry)

Granite. Md. 12. CITIZEN OF WHAT COUNTRY? and Granite. U.S.A. 13. FATHER'S NAME 14. MONHER'S MANDEN NAME 5112 Jerr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per 1/24 for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO by Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? has YES NO W 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Haur a. m. While Nat while of wark at work p. m that (1) (this haspital)/attended the deceased fram. that (1) (we) last 19 and that death accurred at saw the deceased a M, fram the causes and an the date stated above 22a SIGNATURE DATE SIGNED M.D. PHYS. MED. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type page 3 the Stat 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Granite, Maryland A.M.E. ZION 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Charles R. Law 802 Mad. Ave., Balto, Md. Circhar S. Thous '62 DATE MAY 7 1SM 9/S9

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ND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05270

					1101111
1. PLACE OF DEATH  o. COUNTY			2. USUAL RESIDEN	JCE (Where deceased fived, If b. COU	institution: Residence before admission)
Δ	nne Arunde	MARYLAND	Md.	5. 600	ΔΛ
	outside corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits, wri	te RURAL and give nearest town)
write RURAL end	give nearest town)	7.2	1		
Pasade	ena	13 yrs.	d. STREET ADDRESS	asadena	
d. NAME OF HOSPIT	AL OR INSTITUTION (if not i	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
RFD 2.	Box 245		RED	2, Box 245	YES NO
. NAME OF	First	Middle	Last	4. DATE Mon	
(Type or print)				OF DEATH	10
	Emil	A. Sc	hanken	Ma	
. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
Male	White win	OWED DIVORCED	Nov. 6, 1884		Months Days Hours Min.
. USUAL OCCUPATION		Db. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cou	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
one during most of wor	king life, even if retired)				
ardwood I	inisher	Furniture	Baltimore		USA
. FATHER'S NAME			14. MOTHER'S MAIDEN	I NAME	
Charl	les Schanker	n	Bert	tha Sandusky	
. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addres	s
No No	yes give war or dates of service)		Mng Ada Go	hanken same	00.2
The second secon		per line for (a), (b), and (c),	TH'S Aua De	trantren banne	INTERVAL BETWEEN
Maria Caracteria Contraction			1 -		ONSET AND DEATH
	MMEDIATE CAUSE (e)	cente cere	bral lh	comboses	2 days:
1337.X	DUE TO				
Conditions if case		inosals. 1	nitori-	seleusis	5 means
Conditions, if any,		Jest Jest	000000	rescourses y	
(e), stating the un	DISE TO A				
cause lest.	(c)				
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
Parken	coma of the	hantile al	and - /m	mil	PERFORMED? YES NO
		1			I I I NO X
OR CONTRIBUTING	S UNDERLYING [ 206.	DESCRIBE HOW INJURY OCCURED	, (Enter nature of Intury in	Part I or Part II of Item 18.	
(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
20c. TIME OF INJUR	RY Month, Day, Year   :		CE OF INJURY (Home, fer		(County) (State)
20c. TIME OF INJUR		TraineItel Italie	ory, street, office bldg., et	c.)	
p.m.	19 a	work et work	0	7,	,,,,,,
21. I certify th	nat (I) (this hospital) a	ittended the deceased from	Janly 15,	1954 10/1lay	8, 1962, that (1) (we) last
saw the decease	ed alive on These	7 17 1962, and that	death occured at	A.M. from the causes	and on the date stated above.
22a. SIGNATURE	, 6	11.			/ 22b/ DATE
(W.1)	3 My Trans	all from	ATTENDING PHYS.	MED. STAFF PHYS.	5/18/12 SIGNED
22c. PHYSICIAN'S	- grad con	market m	22d. ADDRESS		2/10/00
NAME (Type)	RM. Mella	wahlin	92.0 41	. Tai n.1 1	Presdown Wal
	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	7		intain Icd. O	asayeng, mo
REMOVAL (Specify)	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	
urial	May 21 19	962 Glen Have	n Memorial	Glen Burn	ie, Md.
FUNERAL DIRECTOR		LO AADDESS	2Se. RI	C'D BY REGISTRAR 256. RI	
	and Kirkley	Glen Burnie,	N63	V 0 0 300	
-hh-re-	were transferred &	, arbit partite,	DATEA	Y 2 2 '62	Eliz & House

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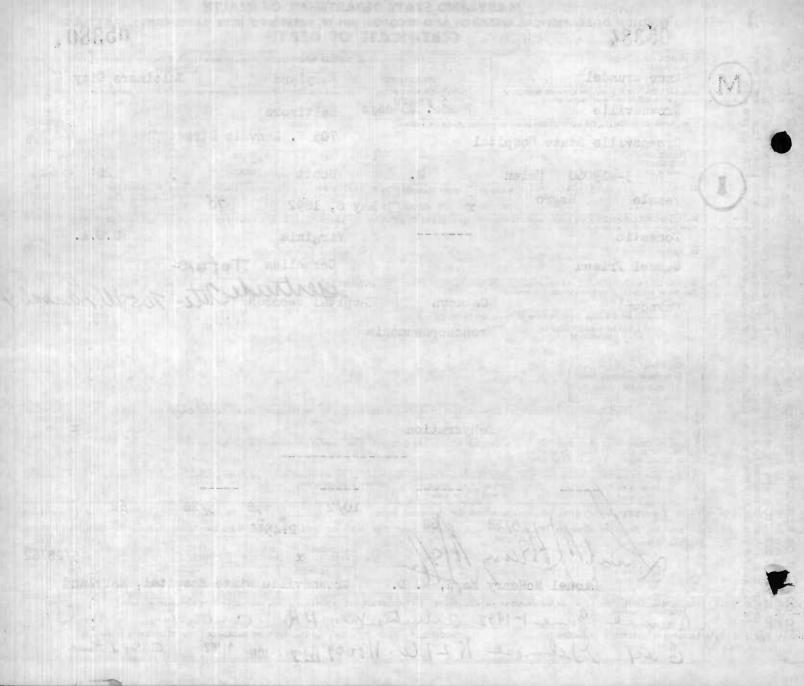
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Eighal May 21,1962 then foren Hemorica Clen Burnie, Md. Logaling and Miriley, Clen Surnie, G.

		MARYLAND STATE DEPAIL DIVISION OF STATISTICAL RESEARCH AND RECORDS, 300 05384 CERTIFICATE O	W. PRESTON STREET, BALTIMORI DF DEATH	05380
M		Anne Arundel MARYLAND  CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c.	SUAL RESIDENCE (Where daceased lived, If Institu STATE b. COUNTY Maryland Balti CITY OR TOWN (If outside corporate limits, write RUR	more City
10		write RURAL and give nearest fown) Crownsville  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Crownsville State Hospital	Baltimore STREET ADDRESS 705 W. Lanvale Street	a. IS RESIDENCE ON A FARM? YES NO
	1	NAME OF First Middle DECEASED Myse or print) 3-#19060 Helen M.	Scott 4. DATE Month OF DEATH 5	Day Year  28 19 62  NDER 1 YEAR   IF UNDER 24 HRS.
1		SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE     WIDOWED   DIVORCED   May 8   USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. B	8, 1892 70 yrs.	
	dor	Domestic	Virginia OTHER'S MAIDEN NAME	U.S.A.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Ye	Unknown    Unknown   (Ifyesgivawarordalesofservica)   Unknown   Hosp:   Unknown   Hosp:   18. Cause of Death [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:   Bronchopneumonia	ital Records atte- 70	INTERVAL BETWEEN ONSET AND DEATH
2	NOL	gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	TED TO THE TERMINAL DISEASE CONDITION GIVEN II	PERFORMED
	CERTIFICATION	Dehydration  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (FE EITHER, NOTIFY MEDICAL EXAMINER)  Dehydration  20b. DESCRIBE HOW INJURY OCCURED. (Enter	nature of injury in Part I or Part II of itam 18.)	YES 🛣 NO 🕒
	MEDICAL	Hour a.m. While Not While factory, street at work at work	NJURY (Home, ferm, 20f. (City or town) et, office bldg., etc.)	(County) (State)
		21. I certify that (I) (this hospital) attended the deceased from 10.  saw the deceased alive from 5/28 162, and that death  22a. SIGNAVER	19 58, to 5/28 occured <b>2:45</b> %, from the causes and	,,
1		Turil Hung 1 84 M.D. Pr	TENDING MED.  HYS. DIRECTOR STAFF PHYS. D  2d. ADDRESS  Crownsville State Hospital	5/28/65
2		Janes Janes	en PR. 23d. LOCATION (City, town of	- md.
1	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Thur S. Kraug



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) a. COUNTY Page b. COUNTY director. Page nne Arundel California MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Berkeley Linthicum Few minutes 100 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Po d. STREET ADDRESS e. IS RESIDENCE death. If any const ON A FARM? 176 Alvarado Road refained State Frienship Airport YES NO F 3. NAME OF Middle 4. DATE DECEASED should be executed within 24 nec. 2, and 3 to the 1g" in pencil in liem 18. Give pages 1, 2, and 3 to the 1st office along with form PM3. Page-5 may be referenced to the page of and 2 with the interest permit. File page of and 2 with the interest of the page of a pa the (Type or print) DEATH 19 Clarence Arthur Shuev May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Min. WIDOWED X DIVORCED YIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Attorney California 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Shuey Barbara Mathuson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add Washington, D. C. (Yes no, or unkown) (Ifyesgivawarordalasofservice) Adm. Allen Shinn, 3038 O St. NW This certificate should be executed 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden IMMEDIATE CAUSE (a) DUE TO removal Conditions, if eny, which "pending" gave rise to Immediate causa 10 Medical Examiner's DUE TO 38 (a), stating the underlying 0 cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati NO P YES 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER designated DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Gustave H. Faubert, M.D. Glen Burnie, Md. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) ò 40 Baltimore Cremation 5/8/62 Greenmount Ceme te zw. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME and Kirkley, Glen Burnie, Md. 162 DATE AV SM 9/60

APYLAND STATE DEPARTMENT OF HEALTH

13 Berkeley 176 alvarado mad streottisu wanter JA gapile andot Daylore, is green . 5 . C . Hod and Ha Fig Adm. Allen Bhith, 1020 6 St. Mil Crometion 5/0/62 Crequester Seneter 351 timese, 10.

Hopping and Miskley, Olen Winnie, Mt.

ART

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05386 I. PLACE OF DEATH a. COUNTY b. COUNTY Anne Arundel Maryland MARYLAND Maryland b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 by a write RURAL and give nearast town) vears Glenburnie Glenburnie .= " filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Nabhs Creek Road Box Creek Road papers. completely NAME OF First Middle DATE Month DECEASED OF Mav DEATH (Typa or print) Barbara enskas and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) Months Female WIDOWED X DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove dona during most of working life, even if retired) retired House wife Lithuania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please to and in a Deceased Deceased S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal. (Yes, no, or unkown) | (Ifyasgiva war or datas of sarvica) Records None physician. 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: terros clustic C.V. driese affending physic IMMEDIATE CAUSE (a) has been signed he burial-transit DUE TO Conditions, if any, which (b) gave rise to immadiata causa DUE TO (a), stating the underlying - e causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health efached After 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc.) Whila Not Whila Hour a.m. at work at work p.m CIOR: 30 21. | certify that (I) (this hospital) attended the deceased from..... 19.6.2, and that death occurred at 7.7.7M, from the causes and on the date stated above. saw the deceased alive on..... shoul 22a. SIGNATURE ATTENDING MED. STAFF an DIRECTOR PHYS. PHYS. M.D. page 22d. ADDRESS #2c. PHYSICIAN'S NAME (Typa) 4700 director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 0 Stanislaus Dundalk 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE OF ONERAL DIRECTOR'S SIG VR A15 (4) 1SM 9/60 arthur & Hour Wash AS Kachauskas

requires that

ARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where decaased fived, If institution, Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO -Day Yaar 62 19 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Days Hours Min. 12. CITIZEN OF WHAT COUNTRY! Lithuania INTERVAL BETWEEN ONSET AND DEATH a my J PERFORMED? NO . YES (County) (Stata) 7..... 19.62 that (1) (we) last 22b. DATE SIGNED 23d. LOCATION (City, town or county) (Stata)

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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND Maryland Switzer Anne Arundel Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give neerest town) à write RURAL end give neerest town) filled in Galesville Galesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Pa completely NAME OF Middle DATE DECEASED OF (Type or print) H. DEATH and col F UNDER 1 YEAR DATE OF BIRTH AGE (In yeers 7. MARRIED NEVER MARRIED last birthday) Months Sept 12, 1884 DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Ret. Carpenter Construction Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending William Smith Betty Wayson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Mrs Edward F. Mauk- Daughter- same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO affending Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION as o 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20d. INJURY OCCURRED I 2Df. (City or town) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from July...... 1961, to May 29, 1962 that (1) (we) last saw the deceased alive on / Yay 19.62 and that death occured at 5..AM, from the causes and on the date stated above ATTENDING 22a. SIGNATUR DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN LOCATION (City, town or county) CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 후 REMOVAL (Specify) 0 Galesville. Woodfields Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S AIGHATURE ADDRESS 24 FUNDRAL DIRECTOR'S SIGNATURE 1SM 7/61 DATE

vithin 24 hours after certificate requires that the VR A15 (4)

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

> e. IS RESIDENCE ON A FARM?

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12. CITIZEN OF WHAT COUNTRY?

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MARYLAND STATE DEPARTMENT OF HEALT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALL MRYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. Il Institution; Residence belore admission) a. COUNTY a. STATE b. COUNTY Anne Arundel 是处理 MARYLAND Marvland Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Annapolis Glen Burnie Min. filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Anne Arundel General Hospital 1112 Leonard Drive completely 3. NAME OF Middle Last 4. DATE Month Yeer DECEASED OF ed (Type or print) DEATH 19 62 SOLLEY carbon t, withir 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TY IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months Days WIDOWED | DIVORCED Male White May 3 physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refined U.S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending | Then please Buren Elsworth SOLLEY Jacqueline Ellen Smeltz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detas of service) physician. No Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ---INTÉRVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUF TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION as o PERFORMED? REMATURIT NO F 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 1962 1962 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from........ 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D 22d. ADDRESS FUNERA Raymond P. Srsic 48 Balto-Anna. Blvd., Glen Burnie, Md. or, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) S di da REMOVAL (Specify) 5/4/62 Maryland Anatomy Board Baltimore Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE MAY 1 6 '62 15M 7/61 Circling & Thous

...... DISTRICT SHEET Rune Reundel Lenovall rough all 44 3, 1962 .1 .11 7. ... Sussembline Hillow Sector PENCH PURE IN COME TENT SHARE CHARLES as salve-turn. che. chen durris, id. State . I had to Particulation and the second

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	1.	PLACE OF DEATH			sidence before admission)
VI)		Anne Arundel MARYLAND	a. STATE Maryland		Arundel
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and	give nearest town)
		Annapolis	10 Annapolis		
3		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
		nne Arundel General Hospital			YES NO
		NAME OF First Middle DECEASED	OF		Day Yeer
	_	(Type or print) Helena B. (Lockett)	SUMERS	May	15 1962
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		
		emale   White   WIDOWED   DIVORCED	May 11, 1900	62 угз.	
	10a do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, o	or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
		House wife own home	Maryland	U.	S.
-	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
T		Thaddeus Lockett	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)  a. STATE  Maryland b. COUNTY  Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis d. STREET ADDRESS  9. ACORN Drive  Lost 10. DATE Lost 14. DATE ON DEATH 15. 19 62  15. DATE OF BRITH 19. AGE (In years of If UNDER 19 A Hours 2		
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17 s, no, or unknown)   (Ifyesgivewarordatesofservice)	INFORMANT	Address	
		no no 214 05 1253 1	r. Jack Sowers- Hus	band- same as	# 2
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1.1.0		
		IMMEDIATE CAUSE (a) Left ventreur	or fections		Ly wours
		TLO, O DUE TO	- 1. Indusia		V 241.7
		Conditions, if any, which gave rise to immediate cause	the veest valuet		Jeans
		(a), stating the underlying DUE TO			4
	-	Cause last. (c)	NOT BELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(a) 19 WAS ALITOPSY
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	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	teb. (enter haldre of injury in rail 1 of rail	n of hem is.)	
	1 . 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e.	NACE OF INITIPY (Home form 1 205 IC	ity or town) (Coun	(atat2) (vt.
	MEDICAL	Hour a.m. WhileNot While		ny or rown, (coun	(Jisia)
	W	p.m. 19 et work at work	Alone by	Wa 3.5 40.6	0
director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 she be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deam.		21. I certify that (I) (thirdbasoital) attended the deceased fro			
			nat death occured at	om the causes and on the	
		22e. SIGNATURE	TI DISTORDE		SIGNED
		122c. PHYSICIAN'S			4/3/6
		NAME (Type) GENAND CHELDE		St Annanolie	Md
	200	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER			
	238	REMOVAL (Specify)			(4,2,5)
0	24	Burial May 18, 1962 Cedar Bluf:	25a. REC'D BY REG	ISTRAR 256. REGISTRAR'S S	IGNATURE
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Annapolis d. STREET ADDRESS  2 Bloomsbury Sq.  Last 4. DATE OF DEATH May 22  TE OF BIRTH 1919 19. AGE (In yeers last birthdey) 42 yrs.  BIRTHPLACE (County & State, or foreign country) 12. CITI	e. IS RESIDENCE ON A FARM? YES NO TO THE PROPERTY NO THE PROPE
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MOTHER'S MAIDEN NAME	
Elizabeth McGomery	<b>"</b> •
	INTERVAL BETWEEN ONSET AND DEATH
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MEDICAL CERTIFICATION May 23, 1962 SIGNED ATTENDING T Egeth Rooller 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D 22d. ADDRESS ?2c. PHYSICIAN'S NAME (Type) Edith Rodler Franklin Street, Annapolis, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

23a. BURIAL, CREMATION, Hillcrest Memorial May 25, 1962 24 FUNERAL DIRECTOR'S SIGNATURE

Funeral Mome, Annapolis, Maryland

Annapolis, Maryland
25a. REC'D BY REGISTRAR'S SIGNATURE

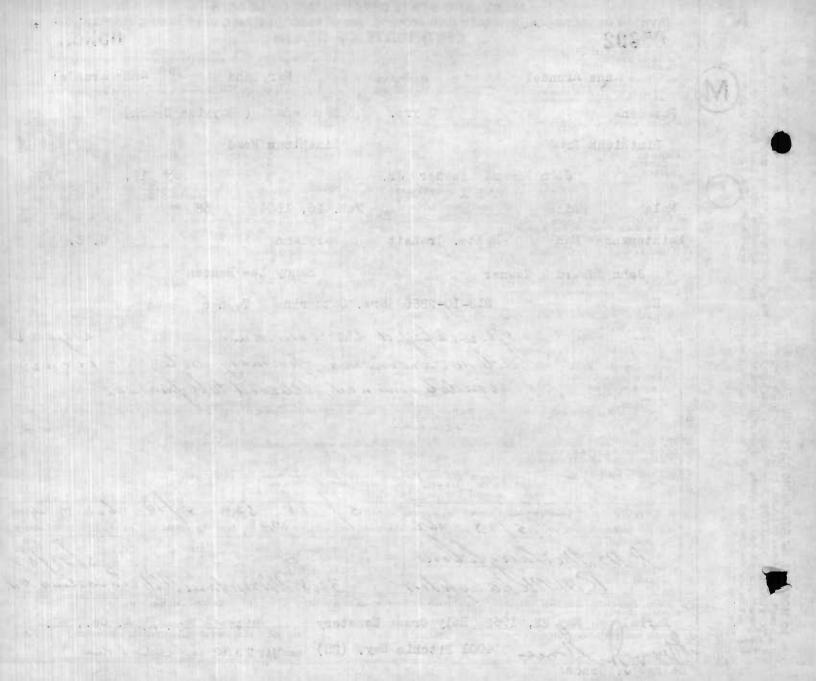
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1	DIVISION OF STATISTICAL RESEARCH AND RECOR	DEPARTMENT OF HEALTH  RDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  ATE OF DEATH  05387
M)	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (When decessed lived, if Institution Raidence before adm
	Anne Arundel MARYLAND	Margrank C'C
EC)	b. CITY OR TOWN (if outside corporate timits, write RURAL end give nearest town)  Annapolis	c. CITY TOWN (If butside corporate limity, write RURAL and give nearest town)
3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Anne Arundel General Hospital	d. STREET ADDRESS ON A F. YES IN.
72 ho	3. NAME OF DECEASED (Type or print)	Tasker Death May 3 1966
within	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	Tasker DEATH May 3 19 66  B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24
4.3		last birthday) Months Days Hours
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS	May 3. 1902
Iny eve	done during most of working life, even if retired)	11.8.4
- ro	13. FATHER'S NAME	Maryland  14. MOTHER'S MAIDEN NAME
D.	Maria Command Callessess	
T	Mack Samuel Galloway  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Heneritta Tasker 10 Nabelle Ave.  Address Annapolis, Md.
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Hospital records
2 20	PART I. DEATH WAS CAUSED BY: Crewolinhi	ONSET AND DEA
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ren crem	Conditions, if eny, which gave rise to immediate cause	
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5 D	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING   CAUSE OF DEATH IIF EITHER. NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NO
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ept.	21. I certify that (I) (this hospital) attended the deceased from	om 5 - J - 19 , to
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age a snould ith the State I	22e. SIGNATURE Colley	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 3
with the State		M.D. PHYS. DIRECTOR PHYS. 3/3/
rior, page 3 should	22c. PHYSICIAN'S NAME (Type) A T ALCEN	M.D. PHYS. DIRECTOR PHYS. 3/3/ 22d. ADDRESS Cathedral St., Annapolis, Md.
be filed with the State	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 3/3/ 22d. ADDRESS Cathedral St., Annapolis, Md.
director, page 3 should be filed with the State I	22c. PHYSICIAN'S NAME (Type) A T A LEN  23a. BURIAL, CREMATION, 23b. DATE THEREOF  BUNCAL 5-9-1962  3. LUC	M.D. PHYS. DIRECTOR PHYS. 3/3  22d. ADDRESS  Cathedral St., Annapolis, Md.  RY OR CREMATORY 23d LOCATION (City, town or county) (5/6)  CATHEDRAL 23d LOCATION (City, town or county) (5/6)  A 2/25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
of the State of th	22c. PHYSICIAN'S NAME (Type) A T ALCEN  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	M.D. PHYS. DIRECTOR PHYS. 3/3/ 22d. ADDRESS Cathedral St., Annapolis, Md.

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papers n 72 h			NAME OF DECEASED	Fin	rst	Middle	Last		4. DATE	Mont	h De	Yes	er
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9 5		13.	FATHER'S NAME				14. MOTHER	'S MAIDEN	NAME				1973
pu			Tahn	Edward	Fewner		1	Vancy	Lee Ben	son			
le ,			WAS DECEASED E	VER IN U.S. ARMED FO	ORCES?   16.	SOCIAL SECURITY NO. 17	. INFORMANT			Addres	s		-
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or			PART I. DEA	TH WAS CAUSED BY:	ales	realned	caro	ina	ma			1-CA	
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o 4		8	OR CONTRIBUTING (IF EITHER, NOTIF	G CAUSE OF DEATH	H R)								
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9			22c. PHYSICIAN	1.0100	The same	Coro	M.D. PHYS.		DIRECTOR	11113.	- 0	0/11	16
ector, pa	1		NAME (Typ		La	ughlin	370	8 11	muta	rese A	d. Jas	ade	cq. M.
ector		23e	BURIAL, CREMA	TION, 23b. DATE TH	HEREOF	23c. NAME OF CEMETE	RY OR CREMATO	RY	23d. LOCA	TION (City, to	own or county)	(	Stete)
Sign 3	0	-61	Burial	May, 22.		Hely Cress	Semetery		Ritchi	e Hier	A A C	• . Md	3
15 (4)	10	24	MINERAL DIRECTO		1000	ADDRESS	MANG ACT A	25a. RE			GISTRAR'S SIGN		
A15 (4) 9/60	场:	1	Turn.	Mones	40	Ol Ritchie H	wy. (25)	DATE M	AY 2 3 '62	0	rthung S. Kr	aud	
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Real Dist No.

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and give negrest tour	outside corporate limit write by s Landin		c. LENGTH OF STAY IN	116	c. CITY OR TOWN	(If outside corp		RURAL and	give n	earest ta	wn)
d. NAME OF HOSPI	TAL OR INSTITUTION (I	If not in hosp	pital, give street address)		d. STREET ADDRESS					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin WILL		Middle RILEY		TUCKER	4. DATE OF DEATH	Mont		Doy 16		<sup>(ear</sup> 962
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	DIVORCED		ATE OF BIRTH	.885	9. AGE (In years lost birthday) 77 yrs.	IF UNDER	TYEAR Days	IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPATI during most of worki Farmin			IND OF BUSINESS OR IN		11. BIRTHPLACE (Sid				.S.A		COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN						-
R	iley Tucke	r			Mar	tha Ki	ng				
15. WAS DECEASED EN	ER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17. INF	DRMANT		Address				
No			None	Mrs	. Martha	T. Gib	son, Tra	cys I	Land	ding	, Md.
PART I. DEA  420.  Canditians, if a gave rise to imme (a), stating the cause last.	diate couse underlying DUE TO		greate NTRIBUTING TO DEATH &	A BUT NO	artin	em is red	E CONDITION GIVE	/FN IN PAP	ONSE	VAL BETWE	ATH
CATIO				18						PERFO	NO [
	NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRE	ED. (Ente	or nature af injury in P	Part I ar Part II	af item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea	While	Not white at work	PLACE factory	OF INJURY (Hame, fa , street, affice bldg., e	arm, 20f. (City atc.)	ar tawn)	(Cau	unty)		(State)
		_	Accident				nspection [], ndetermined o		, –	, and	find that
ACTUAL SIGNATURE	Emily H	- Culo	in		M.D. CHIEF MEDICAL	EXAMINER				DATE S	IGNED
EXAMINER'S NAME (Type)	Emily H.	Wilson	n		DEPUTY MEDICA					5/18	8/62
220. BURIAL, CREMATIC REMOVAL (Specify Burial	May 19.	1962	22c. NAME OF CEMETERY Mt. Harmo				TION (City, town,		vlar	(State	e)
23. FUNERAL DIRECTOR		, /	ADDRESS ne Our	-	/ 24a. RE	AY 2 2 '62	RAR 24b. REGIS	STRAR'S SIG	NATUR	RE	

VS. A15ME(5) 5M 9/55

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$\sim$		DIVISION OF STATISTICAL RESEARCH AND CERT	RECORDS, IFICATE	OF DEATH		ORE 1, MARYLAND	)
M)	1.	PLACE OF DEATH		. USUAL RESIDENCE		Institution: Residence before ed	mission)
X		Anne Arundel	RYLAND	a. STATE Maryland		oot	V
A		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Crownsville  1 mo. 15		Easton	outside corporate limits, writ	RURAL and give nearest town	.2-
)		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	ddress)	d. STREET ADDRESS	11	e. IS RES ON A	IDENCE FARM?
	-	Crownsville State Hospita		<del>Unknown</del>	HAMMOND	3 TREET   YES	ио 🔀
	-	DECEASED			4. DATE Mont		50
ı	-	(Type or print) 3-#23511 Henry E.  SEX 6. COLOR OR RACE   7. MARRIED   NEVER MAR		Turner	DEATH 5	16 19 6	
1		Male Negro WIDOWED X DIVOR	RCED 🔲	1875 - Dec. a	2/ 86 B7 yrs.	Months Days Hours	Min.
,	do	USUAL OCCUPATION (Give kind of work ne during most of working life, even it retired)  Refixed  Refixed	OR INDUSTRY	11. BIRTHPLACE (County Marylan	& Stete, or foreign country)	U.S.A.	OUNTRY?
	13.	FATHER'S NAME	14.	MOTHER'S MAIDEN N	1 /		
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY	V NO L 17 INF	ORMANT	Harriet	Turner	
	(Ye	s, no, or unkown (lifyesgive werordates of service)	chase	spital Recor	rds		
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), en		7		INTERVAL BETW	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cardi	ac Decom	mpensation		ONSET AND DE	ATH
		443× DUE TO					
			otic Hyr	pertensive C	ardiovascular	Disease	
7		gave rise to immediate ceuse (e), stating the underlying  DUE TO					
,		ceuse last. (c)					
/	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE				PERFOR	MED?
	FICA	Chronic Brain Syndrome A				YES N	10
	CERTIFI	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURED. (ER	nter neture of injury in re	ri or reri il or item ip.,		
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRE While Not While		OF INJURY (Home, farm, , street, office bldg., etc.)	20f. (City or town)	(County) (S	itete)
	Z		J	3/31 10	62 to 5/16	, 19.62, that (I) (v	ua) lasi
		21. I certify that (I) (this hospital) attended the decea	and that de	810		and on the date stated	
		saw the deceased alive on	, and mai de	earn occured ar	M, Irom me causes	22b.	DATE
		Hickena leaso kein we	M.D.	ATTENDING ME PHYS. DIR	D. STAFF	5/1	6/62
1		NAME (Type) Hildegard Heard Reissma	n. M. D.	Crownsvill	e State Hospi	tar. Maryland	
1	234		F CEMETERY OR	CREMATORY	23d. LOCATION (City, to	wn or county) (Ste	1
100	24	FUNERAL DIRECTOR'S SIGNATURE OF ADDRESS	NAKIS	Cemetery 250, REC'E	BY REGISTRAR 256. RE	GISTRAR'S, SIGNATURE	-
-	1	Tames B & boskell-Par	Sline >	DATE MA	21 '62	thus S. Misus	
1),	1	70,000		T DAIL			

total & business and more Total Commence war Hayer The way on Charles te Knes 4218-12-EVEN to walk teleponeyourse our males of action loss trades \* The state of the Telephone Telephone Large of Hyermoral . T. D. sephones Telephone Date of the NAY 19, 160 Kickerie Comercy Edward ger will a - Miller 112

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05391 Reg. Dist. No.

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PLACE OF DEATH a. COUNTY ANNE ARUNDEL

MARYLAND c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND

b. COUNTY -OUEEN-ANNE-

b. CITY OR TOWN (If outside corporate limits, write

RUGEORGE GOMEADE d. NAME OF HOSPITAL (If not in hospital, give street address) KTMERBUGH ARMY HOSPITAL

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NO

NAME OF DECEASED (Type or print)

Julia 6. COLOR OR RACE 7. MARRIED NEVER MARRIED

Middle Lackey

VanBibber B. DATE OF BIRTH Jan 10, 1908 4. DATE DEATH

May 9. AGE (In years los birthdoy)

Month

16 62 19 IF UNDER 1 YEAR IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(Stote)

Female

5. SEX

Caucasian

WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if petired)

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Months Days Hours 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

M.O. Lackey

14. MOTHER'S MAIDEN NAME Mary Myer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. Wunknown

16. SOCIAL SECURITY NO Unknown

INFORMANT (Daughter) Mrs Mary Jane VanBibber Orr Bozman, Md

Address

USA

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Adenecarcinoma of the ovary PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) DUE TO

Doy,

Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

April

22c. NAME OF CEMETERY OR CREMATORY

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Year 20d. INJURY OCCURRED While Not while at work at work

20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.

20f. (City or town)

(County)

M, from the couses and on the date stated above.

24b. REGISTRAR'S SIGNATUR

that I lost saw the deceased

21. I certify that I attended the deceosed from olive on

ACTUAL

PHYSICIAN'S NAME (Type)

20c. TIME OF INJURY

Haur a.m.

p. m.

\_\_, and that death occurred at\_

DAVID J. KAVEE, CAPTAIN,

G G MEADE, MD

KIMBROUGH ARMY HOSPITAL FT G G MEADE, MD

22d. LOCATION (City, town, or county)

(Stote)

REMOVAL Specify

22b. DATE THEREOF 22a. BURIAL, CREMATION,

D BY REGISTRAR

ന TO FUN poge 0 VS A15 (4) 15M 9/58

ATTENDING by the hasnita

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05392

1. PLACE OF DEATH a. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institution: Res b. COUNTY	sidence befare admission)
Anne Arundel  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside carporate limits, write RURAL o	and give nearest town)
Pasadena	L	X Pasaden	a	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Medary A	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) POPORT (	Middle RAFTON	MADQ	4. DATE Month OF DEATH	Day Year 196-
S. SEX 1 / E S. COLOR OR RACE 7. MARR	DIVORCED	8. DATE OF BIRTH	924 9. AGE (In years FUN lost birthday) Mon	NDER 1 YEAR IF UNDER 24 HR ths Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if refired)	Same	STRY 11. BIRTHPLACE (State of	or foreign country) 12	CITIZEN OF WHAT COUNTRY
Jacob Coentrol	Wade	14. MOTHER'S MAIDEN N	HERINE Sho	reler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. 6p. or unknown) (If yes. give war or dates of service)	SOCIAL SECURITY NO. 17. I	-CIS QTH	erine With	De Pesadoni
B. CAUSE OF DEATH [Enter only one couse per-lir PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]	Occlus,	ON	INTERVAL BETWEEN ONSET AND DEATH
288 X DUE TO COnditions, if any, which)	Ronary 1	9THERO SC,	lenosis	2425
gave rise to immediate cause (o), stating the under-lying cause last.	OUT			342
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a.m. 19 While ot worl	Not while fo	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.		(County) (Stot
21. I certify that (I) (this haspital) attends saw the deceased alive on	/.5		M, fram the causes and an	that (I) (we) la
220: SIGNA)URE	arl	ATTENDING		22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) P.W. /R	ic HARD	7/3-C	BOTTER AL.	alen Bueni.
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 5/16/62	23c. NAME OF CEMETERY C	n Memorial	23d. LOCATION (City, town, or cour	nty) (State)
24. FUNERAL DIRECTOR'S SIGNATURE STANK	CLADDRESS		BY REGISTRAR 25b. REGISTRAR	S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, page 3 should be detached for use os the burial-transit permit. TO FUN

rs after death. Page 4

ained by the hospital ar attending physician.

DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral directal, the filed with the certificate has been signed by the attended carbon papers. Pages I and 2 shauld be filed with

ond in any event, within 72 hours ofter death

State Board of Health prior to burial, cremation, or remaval,

1. 2 William Control of the control of th . M. sierwi ould I faltered neved weld . Salai'd Istage Adaptic to Alexandry, Glenchungs, ad. of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 05393 05397 CERTIFICATE OF DEATH Rea. Dist. No. director, filed with fter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. COUNTY ANNE ARUNDEL b. COUNTY MARYLAND ANNE ARUNDEL the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) FT GEORGE G MEADE ODENTON d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ARMY HOSPITAL JACKSON GROVE RD YES NO TE pup C NAME OF DECEASED First Middle 4. DATE Last Manth filled FRANK law requires that the death certificate be executed within 24 DAVTD WALKER 25 MAY 25 DEATH (Type or print) 1962 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely last birthdoy) CAUCASIAN WIDOWED MALE 6 Amil 1899 Months Dovs DIVORCED [ 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
CIVIL Service (Retired) Florida USA pup carbon gafter de 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Unknown Unknown mave haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Son) Address LeRoy Walker Jackson Grove Rd Odenton, Md Yes-Dates unknown Unknown offending 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN Myocardial Infarction PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Coronary artery disease Conditions, if ony, which permit gove rise to immediate DUE TO Diabetes couse (a), stating the underhas been si and lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) certificate 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc. Hour o. m. While Nat while at work at work that I lost sow the deceased 21. I certify that I attended the deceased from and that death occurred of AM, from the couses and on the date stated above. olive on > R ATTEN ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 203 West Maple Rd Linthicum Heights, Md 3 should TO FUNERAL Charles L. Pall PHYSICIAN'S MD 203 West Maple Rd Linthicum Heights, Md NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 28<sup>th</sup>May 1962 Arlington Nat'l. Cem. Fort Meyer, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Glen Burnie, Md. VS A15 (4) Circhur & Kraus 1SM 9/58

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05398 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY the d 2 Anne Arundel Maryland Itimore City MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) by write RURAL and give nearest town) 10 mos. 28 days Ξ Baltimore Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? letely Crownsville State Hospital Colvin Street YES NO X papers. 3. NAME OF DATE Middle Month Yeer DECEASED OF Comp (Type or print3-#22576 19 62 M Washington DEATH John 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and last birthday) Months Days Hours September 30,1894 Male Negro WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Pipe-Fitter Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ξ please attending John Washington Roberta 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the removal, (Yes, no, or unkown) ((tyes sixe war or detes of service) Yes 1917-1919 Hospital Records 217-09-3112 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Septicemia IMMEDIATE CAUSE (e) DUE TO Decubitus Ulcers Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION Chronic Brain Syndrome PERFORMED? Parkinson's Disease prior due to Cerebral Arteriosclata 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [7] OF CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Year factory, street, ôffice bldg., etc.) Hour e.m. While Not While at work OR: p.m 6/5 that (1) (this hospital) attended the deceased from..... 5/27 1962..., and that death occured at ... p.M, from the causes and on the date stated above. deceased 22b. DATE ATTENDING SIGNED 5/28/62 DIRECTOR PHYS. PHYS. 22d. ADDRESS McHenry Lionel Mapp. Crownsville State Hospital, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF OR CHEMATE fown or county) (Stete) REMOVAL (Specify) 0 rIAL 25a. REC'D BY REGISTRAR SSb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 arthur S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# **CERTIFICATE OF DEATH**

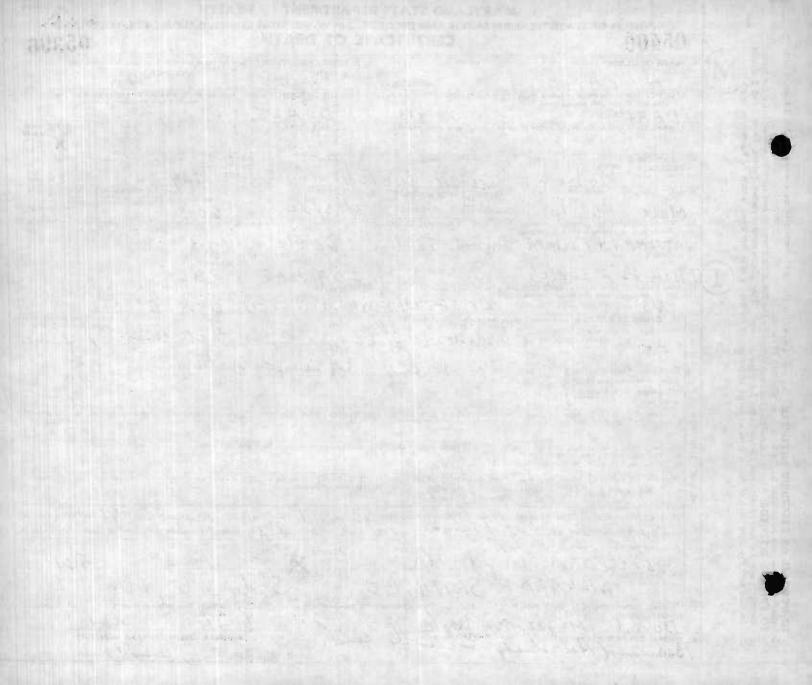
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Reg. Dist. No.

o. COUNTY ANNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNT	tion: Residence before admission)  Y ANNE ARUNDEL
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	FT GEORGE	outside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street KIMBROUGH ARMY HOSPITAL	address)	d. STREET ADDRESS 7234D JOHNS	STON ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) LEONARD	JEROME Middle	WASHINGTON	4. DATE MG OF MA	both Pay Year 9 19 62
5. SEX Male  6. COLOR OR RACE Negroid WIDOWE		8. DATE OF BIRTH March 14, 19	9. AGE (In years lost birthday)	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	GERMANY	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LOUIS WASHINGTON JR		MARY LEE	MAJOR	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.		ather		dress chasten St FGGM, MD
Conditions, if ony, which ) (b)	ne for (a), (b), and (c).] eumonia drecephalus			Congenital
gove rise to immediate DUE TO	urge-Weber Dis		inal disease condition g	PERFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item 18.)	YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. In Hour a. m. While of worl	k Ot while	ACE OF INJURY (Home, farm tory, street, office bldg., etc		(County) (State)
21. I certify that I attended the decease alive an 9 May 19 May 1	62 , and that death	accurred at 9:1:	May , 19 6  MP from the couses of ADDRESS (Street, city or town ARMY HOSPITAL	FT GEORGE G MEADE
220. BURIAL, CREMATION, 22b. DATE THEREOF 5-15-62	22c. NAME OF CEMETERY OF	It com	22d. LOCATION (City, town,	or county) (Stote)
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS are			GISTRAR'S SIGNATURE

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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aft non-	IN	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidence before admissi
0 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	VI	Anne Arundo MARYLAND 6. STATE MD 6. COUNTY AA
by the		b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown)
24 1 a l		write RURAL end give nearest town)  DFALE  60 478  DEALE
hin ed i	X	DEALE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  o. IS RESIDEN
Pa Pa	/\	ON A FAR
er's ers.		YES NO YES NO 3. NAME OF First Middle Last 4. DATE Month Day Yeer
acut ple pap		DECEASED OF_
exe corr corr in p		100er Owen Welch
wil wil		S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  9. AGE (In Years   IF UNDER 1 YEAR   IF UNDER 24 HI Months   Days   Hours   Mir
n al		Male White WIDOWED DIVORCED 3/13/02 60 yrs.
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th gap	_	13. FATHER'S NAME
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tten en , en	4	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
The att		(Yes, no, or unknwn) (If yes give wer or detes of service) 218 36 3931 EDNA M. WELCH DEALE MD
y th y th mit.		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c),
d b		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) A CLARAMA M PLANE C MOTALAGE ONSET AND DEATH
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det:		Hour e.m. While Not While tectory, street, office bidg., etc.)
TE OF		21. I certify that (1) (this hospital) attended the deceased from Jayrum Jum, 1961, to May 20., 1962 that (1) (we)
A SOP S		saw the deceased alive on
Sta Sta		22e. SIGNATORE 22b. DAT
PE O B		ATTENDING MED. STAFF
A A A		22c, PHYSICIAN'S 22d. ADDRESS 2
NE P	1	NAME (TypeWILLARD F. SMITH, MD) Shady Side, Ml.
HOS. Path. FUN Fun filed		238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR GREMATORY   23d. LOCATION (City, town or county) (State)
P Gio GO	8	REMOVAL (Specify)  ALL 32 1917 Desle
H H	13	24 FUNERAL DIRECTOR'S, SIGNATURE OF ADDRESS WE LOW 250. REC'D BY REGISTRAR'S SIGNATURE
VR A1S (4) 1SM 7/61	12	18 cm
	10	DATE MAY 2 9 02   Cirthun A. Thomas



5 . 5	TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please exe	forwar has chincole, writing the word pending in pench in liem 18. Give Poges 1, 2, and 3 to the funeral city. Poge 4 should be forwar to the Chief Medical Examiner's Office along with farm PM3. Poge 5 may be relained for your hand.	TO FUNEXAX DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,
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10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please exe-	cute the certificate, writing the ward "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the funeral ctor. Page 4 should be		TO FUNEXAS DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	
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10 DEFU	cute the	forwar, to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your them.	TO FUNE	

5M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05397

DA	Dist.	0.0	
III OCI	LUIST	NO.	

	_		
1		PLACE OF DEATH  D. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
)	b	MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL of disign pages) to the control town)	c. CITY OR TOWN (H autside corporate limits, write RURAL and give nearest town)
		Unnapoles	10 Clumakolis
	d	I. NAME OF HOSPITAL OP INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	2 1	U. G. Veneral Hospt.	1180 Unicer Use YES NO
	-1	NAME OF DECEASED Type or print)  Roberta	Mundson 15 - 29 - 1962
	S. S	Lessale Tyleta WIDOWED DIVORCED DIVORCED DI	DATE OF BIRTH  6-12-1897  9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	
	0	House when I feeling Home	Clare Ma M.S.A.
	13.	FATHER'S NAME OF THE PARTY OF T	14. MOTHER'S MAIDEN NAME
)	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address Co
	(Yes.	no, or unknown) (If yes, give wor or dates of service)	eslie H. Windson (2)
		18. CAUSE OF DEATH [Enter only one cause per line for (0), (b), and (c).]	INDERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Gardin	ac Andlen
		434 4 DUE TO	A P
		Conditions, if ony, which gove rise to Immediate couse	
		(o), stating the underlying DUE TO	
	Z	, ()	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATIC		PERFORMED?
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	MEDICAL	Hour o. m. While Not while of work of the other of the ot	pry, street, office bldg., etc.)
		21. I certify that I test charge of the remains described about	ve, held an Autapsy 🔲, Inspection 🔲, Inquiry 🔲, and find that
		death resulted from Natural causes, Accident . Suice	cide [], Hamicide [], Undetermined cause [].
H		ACTUAL // Longs	DATE SIGNED
ì		SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER
,		EXAMINER'S E.L. n hared.	DEPUTY MEDICAL EXAMINED 528-62
ij	220	BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR	p + ont of min
H	23.	FUNERAL DIRECTOR'S STONATURE (DDRESS)	240. REC'D BY REGISTRAR 220. REGISTRAR'S SIGNATURE
1	9	olm M. Taylor Som Censapor	Cas Md DATE SUP 4'62 Outling & 45
	4		THE CONTRACT OF THE CONTRACT O

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death.

4 may be retained by the hospital or attending physician.

TO FUNDALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61 0

	MARILAND SIAIL DEFARIMENT OF HEAL	
- DUVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
5402	CERTIFICATE OF DEATH	05398

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission)
a. COUNTY A	a. STATE b. COUNTY D D
MARYLAND MARYLAND	770 177
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
DEALE 52 YRS	1) LHLE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. 15 RESIDENCE
	ON A FARM?
3. NAME OF / first Middle	YES NO KI
DECEASED // Lf.	Last 4. DATE Month Day Yeer OF
(Type or print) HATIE / WI	MSOF DEATH MAY 15 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In your TF UNDER 1 YEAR   IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	TRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	TYPENIN Md. USA
POSTMISTRESS 13. FATHER'S NAME	TYASKIN ILE.
	14. MÖTHER'S MAIDEN NAME
ISAAC J. STREET	MARY CATLIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Hyesgivewerordetesofservice)	INFORMANT Address
(1005, no, or unkown) (if yes give war or deres of service)	ORMA LUXADSOR DEALE MO
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTÉRVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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(e), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
E Prince	us anemia PERFORMED?
■ 200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR!	D. (Enter neture of injury in Part I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	w. (amer nervice of inputy in rati   of reti  i of field 10.)
0	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While to work et work	ctory, street, office bldg., etc.)
	10 May 15 113
21. I certify that (I) (this hospital) attended the deceased from	Jan. 1960, to Vay 5., 1962, that (1) (we) last
saw the deceased alive on	death occured at
22a. SIGNATURE	226. DAJE
I will and the south	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 57/5762
22d PHYSICIAN'S	22d. ADDRESS A
NAME (Type)/11/1/4RD E ///ITL	Mague Hora Mag.
NAME (Type) WILLARD F. SMITH	Mady Hore, Ma.
22- BIRIAL CREMATION 23% DATE THEREOF 1236 NAME OF CEMETERS	OR CREMATORY 23d, LOCATION (City, town or county) (Stote)
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY REMOVAL (Specify) MAU 17 1962 SHERBER	OR CREMATORY 23d. LOCATION (City, town or county)  PEALE  (State)
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUYING THE ROLL SHERBERY 17 1962 SHERBER	OR CREMATORY  23d. LOCATION (City, town or county)  PEALE  HD  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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<b>9</b>	OF.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  05399
funeral should		1. PLACE OF DEATH  e. COUNTY  ADDR ATUNDE  2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before expression  e. STATE  MARYLAND  MARYLAND  ADDR ATUNDER
24 hou by the		b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town)
filled in Pages 1	rs affer	Glen Burnie  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
executed completely for papers.		#700 Stewart Ave., S.W. #700 Stewart Ave., S.W. YES NO X
	2.5	(Type or print)  UILHELMINA  C. WOCKENFUSS  DEATH  May  1. 19 62  5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In yeers   Funder 1 YEAR   If UNDER 24 HRS.   Isst birthdey)  Months Devs Hours   Min.
	event, v	Female White WIDOWED DIVORCED 1th April 1878 84 yrs.  1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)  12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired)
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TTEN Fretain TOR:	Dept.	21. I certify that (I) (this hospital) attended the deceased from 4-2/ 1962 to 4-30 1962 that (I) (we) la
OR A DIRECT S should	e State	22e. SIGNATURE MAA A NOUR MISCO ATTENDING MED. STAFF
TAIL TAGE		22c. PHYSICIAN'S NAME (Type) Charles R. MacDonald, M.O.  202 Crain Highway, Glen Burnie, Md.
HOS!	filed filed	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
VR A15		Burial May 1962   St. Paul's Ch. Cemetery Violetteville, Maryland  24 EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  Lichard Compless  Glen Burnie, Md.  Date AV 3 '62  Continuo S. Trans
15M 9/	100 00	Richard Lithythe Glen Burnie, Md. DATEAN 02 Contrary 2. Mante

1 7 6 15 Island one de sameta (ve., c. M. The District Control of the Control THE PROPERTY AND SOME THE MARKELLINES MAKE THE BORNIE, PH. The Children of the said file to Haffelder and Chillips was the 21-31-42 32 24-27 24 1-1-1-TOT COMES NICKLES, THEN JUTCH, TE. Chirles E. May Well, M.J. State / Low see Sign Burnis, Md. Land William State | Md.

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
- (		05404 CERTIFICATE OF DEATH	05400
he funera 2 sheath	)   =	1. PLACE OF DEATH  a. COUNTY  ARYLAND  b. CITY OR TOWN (if outside corporate limits.  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and second corporate limits).	7. Co.
hin 24 hour filled in by the Pages 1 and 2 ars after death.	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and switter RURAL and give or town (if outside corporate limits, write RURAL and switter RURAL and	e. IS RESIDENCE ON A FARM?
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ath certific ing physici lease remov d in any e		dona during most of working life, even if retirad)  MARYAAND  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	·SA
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quires that yesician. ed by the permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
he law rectending phe been sign urial-transition, cremation,		Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO  DUE TO  Carcinoma of Buost, PX,  DUE TO	25 gre.
pital or at ificate has as the bir to burial		Causa last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	1(a) 19. WAS AUTOPSY PERFORMED?
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ENDING etained by OR: After se detach ept. of He		Hour a.m.  p.m.  While Not While factory, street, office bldg., etc.) at work at work	Juhat (I) (we) last
OR ATT may be re DIRECTO should be State De		aw the deceased alive on 1962 and that death occurred at 8.5M, from the causes and on the causes are caused at the causes and on the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the caused at	ne date stated above. 22b. DATE SIGNED
NERRI I	1	PHYSICIAN'S NAME (Type) DAMES R. MARTIN ESHAW ST. ANNAPOLIS	J.MD.
TO HOSP death. TO FUNI director, be filed	)	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify) 5-24-62 ST. MARGARETS  25b. REGISTRAR'S ST. PROPERTY	(State) S MD.
VR A15 (4) 15M 9/60	1	John M. Toy fort fores Churapolis, Mg. DATE MAY 25'62 ariling &	

4 A DESCRIPTION OF THE PARTY OF T Carcinostorio STRUKE. Carcheral of Dist Ex 2 4 C C - 12 LAMES R. MARTIN ESTABLE ST. ANDARUS, MIST 

X1 Y	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	05 405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 054	() 4
TUK STATE		171
HEALTH DEEK	1. PLACE OF DEATH  e. COUNTY  2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before as STATE  b. COUNTY	ore edmission)
Se S	Anne Arundel MARYLAND Same Same	
ur fii	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	town)
irect you you hath.	North Linthicum 7 v X Same	
de d	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) , d. STREET ADDRESS	IS RESIDENCE
ned ate	5 Fleanore Avenue	□ NO □
etaine etaine s Stat	3. NAME OF First Middle Last 4. DATE Month Dey OF	Year
the re the	(Type or print) Raymond Yost	19 62
leath d 3 th with 72	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE TA year IF UN	NDER 24 HRS.
er and	M WIDOWED DIVORCED 4/8/06 56 yrs.	rs Min.
1, 2, 1, 2, and and with	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BIRTHPLACE (State or foreign country)	AT COUNTRY
hour 3. Pa ges 1 vent	Station Engineer Md. Match Pittsburg, Pa. USA	
PM3.	13. FATHER'S NAME	
(Im Bing	William Yost Martha Carrick	
章 6 4	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown)   (Hyesgiveweror detes of service)	
em 18 with f with f sermit	from 1925 to 1939 214-18-7429 Mars. Anna Yost (wife)	
in It in It ng v sit p val,	ONSET A	ND DEATH
alon trans	IMMEDIATE CAUSE (e) Coronary Occlusion Suc	lden
Id berrial-	420.1 DUE TO	
hou hou	Conditions, if eny, which geve rise to immediate cause (b) Has had coronary diseases since 1955.	
ding ding er's as a	(a), stating the underlying DUE TO	
iffica amir sed crem	cause last. (c)	
E: X = 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W P YES  20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	AS AUTOPSY ERFORMED?
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The the should to	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	
EXAMINE: tte, writing the Chief		
W. W.	20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)  Hour e.m. While Not While et work et work et work et work	(State)
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Cute to the formal its	SIGNATURE M.D. ASSISTANT MEDICAL EAAMINER M.D.	SIGNED
9 2 2 2	EXAMINER'S DEPUTY MEDICAL EXAMINER X 5/20/62	
Shoul shoul	NAME (Type) Gustave H. Faubert, M.D. Address (Street, city, town, or county) Glen Burnie, 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	Md.
Heal Heal	REMOVAL (Specify)	31010)
H H	Burial May 23, 1962 Mt. Olivet Cemetery Frederick Rd. Belte. Md.  23. Fineral director Address Address Address Signature	
VR A15ME 5M 1/62	4001 Ps table Here (25) MAY 25 100	
JM 1/02	Tonce Toll RI Coll DATE MAI 25 02 Orling S. Thomas	
when I	George J //rence	

Secretary ( The second of the second Astal Silv no brend and a st (Pills) Jack was selved The limit of the court of the line will be Renter & French Fresh The try and a someont, the second Send word that it all the 

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05408

CERTIFICATE OF DEATH 05402

1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDEN	CE (Where d			ce before e	dmission)
	a. COONIT	AA		MARYLAND	e. STATE Marv	land	b. COUN	TΥ		
1		outside corporete lim	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porete limits, write	RURAL end give	neerest tow	n)
4	write RURAL end give nearest town) Orchard Bch.				X Orc	hard B	Reach			
-	d. NAME OF HOSPIT			spitel, give street address)	d. STREET ADDRESS	TICLE CE I	reacii		e, IS RE	SIDENCE
		1919 West			7919 West End Dr.				ON A FARM?	
3.	NAME OF	First	-	Middle	Last	4. DATE	Month	Dev	Yeer	NO INI
	DECEASED (Typa or print)			11		OF	-			10
-	SEX		enry	NI NI	Zeller DATE OF BIRTH			31	19	62
3.	1//	TRT		NINEAEK WYKKIED	, DATE OF BIKIT	700	9. AGE (In years   last birthday)	Months   Days	Hours	Min.
-	TAT	2.4	WIDOWE		12-2-18	387	/ 2 yrs.			
100	e. USUAL OCCUPATI one during most of wor	ON (Give kind of work king life, even if retire	k 105. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ity & State, o	r foreign country)	12. CITIZEN C	OF WHAT C	OUNTRY?
		hinest			IMD					
13.	. FATHER'S NAME				14. MOTHER'S MAIDEN		0.1			
	John	m Zeller			Sophis	e B	elto			
15.	WAS DECEASED EVE	R IN U.S. ARMED FOI	RCES?   16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	_		
(1)	as, no, or unkown) (If	yesgive war or dates of:	service)		Somels			- Jam	e	
-		EATH [Enter only one	ceuse per	line for (e), (b), end (c).]	1000				TERVAL BET	
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH									
	442	MMEDIATE CAUSE (e)	1	IJALLACIANTUT	care ()	agesi	cay xu	454	a squ	-
		/\								
	Conditions, if eny	100	)							
	(e), steting the un	DIE YO								
	couse lest. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY									
ON N	PART II. OTHER	SIGNIFICANT COND	TIONS CON	NIKIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(e)		RMED?
3									YES	NO 🖸
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURED	. (Entar neture of injury in	Part I or Pert	Il of item 18.)			
1		MEDICAL EXAMINER								
CAL	20c. TIME OF INJU	RY Month, Osy, Ya		1- 1	CE OF INJURY (Homa, farr		ty or town)	(County)		(State)
MEDI	Hour a.m.	19	While et wor	1401 111110	ory, siredi, onico orași, ore	,,				
		nat (I) (this hospi	tal) atten	ded the deceased from	Bun	19(11. to	may	31.1962	that (I) (	we) last
		ed alive on		29 1962, and that						
	22e. SIGNATURE	ca anvo on	1//	The state of the s				011 1110 0		DATE
	1	Brades	An			MED. DIRECTOR	STAFF PHYS.			SIGNED
	22c. PHYSKYAN'S	10 way	11/1	n m	22d. ADDRESS					
	NAME (Type)	U. BR	ADV	5miTH	Ma	soll.	ma M	enerly		
22	a. BURIAL, CREMATIC	ON, 23b, DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	1 23d. LO	CATION (City, toy	vn or county)	(SI	ata)
23	REMOVAL (Specify)	,		00 L		11	P. 3	, )	1	
-	EINIEDAL DIDECTOR		62	ADDRESS	Con DEC	C'O BY REGIS	STRAR 25h DE	GISTRAR'S SIGNA	TURE	
24	McChiller F		06130					Lilling 1 H		
	COULTY I	unctal nom	62170	E. Fort Ave.	DATE					

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